

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030074

Entity Name: BROWARD UROLOGY, LLC

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

19911 NE 22ND AVENUE
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

700 N HIATUS ROAD
SUITE 101
PEMBROKE PINES, FL 33026

Current Mailing Address:

19911 NE 22ND AVENUE
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

700 N HIATUS ROAD
SUITE 101
PEMBROKE PINES, FL 33026

FEI Number: 20-2572515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KURZER, ELIECER MD
19911 NE 22ND AVENUE
NORTH MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KURZER, ELIECER MD
Address: 19911 NE 22ND AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: MGR () Delete
Name: SIMON, MICHAEL A MD
Address: 19911 NE 22ND AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELIECER KURZER MD

MGR

05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date