2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000069589

1. Entity Name
SOUTH FLORIDA EMERGENCY UROLOGY SERVICES, LLC

Principal Place of Business	Mailing Address
7265 SW 93 AVENUE SUITE 201 MIAMI, FL 33173 US	7265 SW 93 AVENUE SUITE 201 MIAMI, FL 33173 US

DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3219685

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PUIG, ROBERT
7265 SW 93 AVENUE
SUITE 201
MIAMI, FL 33173

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE PUIG Robert 1/10/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

000000191356
01/15/08-80054-017 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PUIG, ROBERT
STREET ADDRESS	7265 SW 93 AVENUE, SUITE 201
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	MGRM
NAME	DAVIE, RICHARD
STREET ADDRESS	8940 N. KENDALL DRIVE, SUITE 602E
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGRM
NAME	MEKRAS, JOHN A
STREET ADDRESS	7051 SW 62 AVENUE
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: PUIG Robert 1/10/08 305-632-3714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #