

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 7265 SW 93 AVENUE SUITE 201 MIAMI, FL 33173 US	Mailing Address 7265 SW 93 AVENUE SUITE 201 MIAMI, FL 33173 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-LLC

CR2E083 (12/07)

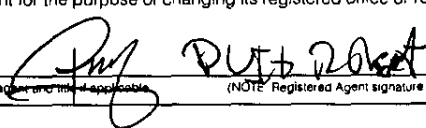
4. FEI Number 20-3219685	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PUIG, ROBERT 7265 SW 93 AVENUE 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:  DATE: **1/10/08**
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

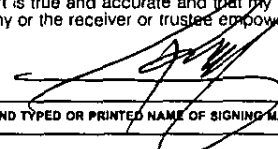
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000191355
01/15/08-80054-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ROBERT 7265 SW 93 AVENUE, SUITE 201 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIE, RICHARD 8940 N. KENDALL DRIVE, SUITE 602E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKRAS, JOHN A 7051 SW 62 AVENUE 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** DATE: **1/10/08** DAYTIME PHONE #: **305-632-3714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE