

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069589

FILED  
Apr 11, 2010  
Secretary of State

**Entity Name:** SOUTH FLORIDA EMERGENCY UROLOGY SERVICES, LLC

**Current Principal Place of Business:**

7265 SW 93 AVENUE  
SUITE 201  
MIAMI, FL 33173 US

**New Principal Place of Business:**

6000 SW 112 ST  
MIAMI, FL 33156 US

**Current Mailing Address:**

7265 SW 93 AVENUE  
SUITE 201  
MIAMI, FL 33173 US

**New Mailing Address:**

6000 SW 112 ST  
MIAMI, FL 33156 US

FEI Number: 20-3219685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PUIG, ROBERT  
6000 SW 112 STREET  
MIAMI, FL 33156 US

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:

04/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PUIG, ROBERT  
Address: 6000 SW 112 STREET  
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM  
Name: DAVIE, RICHARD  
Address: 8940 N. KENDALL DRIVE, SUITE 602E  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM  
Name: MEKRAS, JOHN A  
Address: 7051 SW 62 AVENUE  
City-St-Zip: SOUTH MIAMI, FL 33143 US

I hereby 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: ROBERT PUIG

DR

04/11/2010

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