2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/3/2006-90072-027-$50.00-$50.00 *
9/14/2006-90051-015-$50.00-$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10:56

DOCUMENT # L05000095632

1. Entity Name
URALOGY CALL LITHOTRIPTORS, LLC

Principal Place of Business
100 WEST GORE STREET, SUITE 405
LUCERNE MEDICAL PLAZA
ORLANDO, FL 32806

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

08072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3847598 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ESTES, THEODORE
24 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

Estes, Theodore
24 S. Orange Ave
Orlando, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by September 1, 2006

Make check payable to Florida Department of State

9. MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HUNTER, PATRICK 100 WEST GORE STREET, SUITE 405 ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*MGR* *Hunter, Patrick I* *100 W. Gore St., Ste 405* *Orlando, FL 32801*	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — *9/11/06* Date — *407 839 1155* Daytime Phone #