2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State
05-16-2007 90173 016 ****50.00

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1. Entity Name
UROLOGY CALL LITHOTRIPTORS, LLC

30009494

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

02082007No Chg-LLC CR2E083 (11/05)

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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 D
24 SOUTH ORANGE AVENUE
ORLANDO, FL 32801

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUNTER, PATRICK T II
STREET ADDRESS	~~100 WEST GORE STREET, SUITE 405~~
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	FLORIDA UROLOGY GROUP, P.A.
STREET ADDRESS	21 W. COLUMBIA ST., SUITE 101
CITY-ST-ZIP	ORLANDO, FLORIDA 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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: X _____ X 2/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #