

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000100576

FILED
Oct 03, 2008
Secretary of State

Entity Name: ADVANCED UROLOGY OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

5130 LINTON BLVD
SUITE F-6
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5130 LINTON BLVD
SUITE F-6
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 20-3612333 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MENKHAUS, DAVIE J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: DAVIE MENKHAUS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YORE, LARRY M.D.
Address: 5130 LINTON BLVD., SUITE F-6
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YORE, LAWRENCE M.D.
Address: 5130 LINTON BLVD., SUITE F-6
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAWRENCE YORE

MGRM

10/03/2008

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