2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

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Entity Name: ADVANCED UROLOGY OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

5350 W. ATLANTIC AVE., STE 102
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5350 W. ATLANTIC AVE., STE 102
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 20-3612333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: YORE, LAWRENCE M.D.
Address: 5350 W. ATLANTIC AVE., STE 102
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGRM
Name: SCHECKOWITZ, EDWARD M.D.
Address: 5350 W. ATLANTIC AVE., STE 102
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGRM
Name: GOTTENGER, EMANUEL MD
Address: 5350 W. ATLANTIC AVE., STE 102
City-St-Zip: DELRAY BEACH, FL 33484 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 Statues.

SIGNATURE: LAWRENCE YORE, M.D. MGRM 01/06/2012

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