

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119032

Entity Name: VANGUARD UROLOGY, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

ATTN: CHIEF OPERATING OFFICER
132 MINORCA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

2261 NORTH UNIVERSITY DRIVE
SUITE 204
PEMBROKE PINES, FL 33024

Current Mailing Address:

ATTN: CHIEF OPERATING OFFICER
132 MINORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

ATTN: JOSE SMITH
132 MINORCA AVENUE
CORAL GABLES, FL 33134

FEI Number: 20-4038726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVENUE
SUITE 500 (JAF)
WEST PALM BEACH, FL 33401 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: PRES () Delete
Name: BONDHUS, MARVIN MD
Address: 132 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GOMEZ, COSME MD
Address: 132 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: REYES, ANTONIO MD
Address: 132 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: COSME GOMEZ, MD

PRES

03/12/2009

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