


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L06000021696 1. Entity Name FLORIDA BLADDER INSTITUTE, LLC	
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Principal Place of Business 1890 S.W. HEALTH PARKWAY #205 NAPLES, FL 34109	Mailing Address 1890 S.W. HEALTH PARKWAY #205 NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4408738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARC F. OATES, P.A. 5515 BRYSON DRIVE SUITE 502 NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE

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 _____

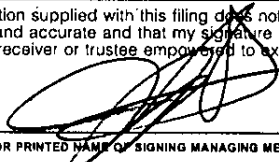
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

UD00000907423
05/05/08-80037-021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAUTA, JOSEPH 1890 S.W. HEALTH PARKWAY #205 NAPLES, FL 34109
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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:  4/17/08 279-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone