

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068359

FILED
Mar 24, 2009
Secretary of State

Entity Name: UROLOGY CENTER OF CENTRAL FLORIDA, L.L.C.

Current Principal Place of Business:

720 WEST OAK STREET, SUITE 160
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

720 WEST OAK STREET, SUITE 160
SUITE 160
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-5185699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, MICHAEL M.D.
720 WEST OAK STREET, SUITE 160
KISSIMMEE, FL 34741 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 () Delete
Name: MCDONALD, MICHAEL
Address: 720 WEST OAK STREET, SUITE 160
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALANNA MCDONALD

MRS.

03/24/2009

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