

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068359

FILED
May 04, 2010
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:

3208 HILLSDALE LANE
KISSIMMEE, FL 34741

Current Mailing Address:

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

New Mailing Address:

3208 HILLSDALE LANE
KISSIMMEE, FL 34741

FEI Number: 20-5185699 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:

MCDONALD, MICHAEL M.D.
720 WEST OAK STREET, SUITE 160
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

MCDONALD, MICHAEL M.D.
3208 HILLSDALE LANE
KISSIMMEE, FL 34741 US

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: ALANNA MCDONALD

05/04/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR.
Name: MCDONALD, MICHAEL
Address: 3208 HILLSDALE LANE
City-St-Zip: KISSIMMEE, FL 34741

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 Statutes.

SIGNATURE: MICHAEL MCDONALD

DR.

05/04/2010

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