

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014153

Entity Name: NATURE COAST UROLOGY, LLC

FILED
Mar 15, 2011
Secretary of State

Current Principal Place of Business:

10441 QUALITY DRIVE, SUITE #205
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

10441 QUALITY DRIVE, SUITE #205
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 20-8404286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHONWALD, HARVEY N MD
10441 QUALITY DRIVE
SUITE 205
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

SCHONWALD, DENISE
10441 QUALITY DRIVE
SUITE 205
SPRING HILL, FL 34609 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: DENISE SCHONWALD

03/15/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SCHONWALD, HARVEY N M.D.
Address: 10441 QUALITY DRIVE, SUITE #205
City-St-Zip: SPRING HILL, FL 34609

Title: MGR
Name: SCHONWALD, DENISE
Address: 10441 QUALITY DRIVE, SUITE #205
City-St-Zip: SPRING HILL, FL 34609

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: DENISE SCHONWALD

MGR

03/15/2011

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