

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000026516

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** UROLOGY PROFESSIONALS GP, LLC

**Current Principal Place of Business:**

2035 LITTLE ROAD  
TRINITY, FL 34652

**New Principal Place of Business:**

2035 LITTLE ROAD  
TRINITY, FL 34655

**Current Mailing Address:**

2035 LITTLE ROAD  
TRINITY, FL 34652

**New Mailing Address:**

2035 LITTLE ROAD  
TRINITY, FL 34655

**FEI Number:** 20-8600382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

F&L CORP  
ONE INDEPENDENT DR  
STE 1300  
JACKSONVILLE, FL 32202 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: D  
Name: RABINOWITZ, RICHARD I MD  
Address: 2035 LITTLE ROAD  
City-St-Zip: TRINITY, FL 34655

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: RICHARD RABINOWITZ

D

01/12/2011

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