

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046990

Entity Name: OM UROLOGY, LLC

FILED  
Jul 04, 2008  
Secretary of State

**Current Principal Place of Business:**

12920 U.S. HIGHWAY 1  
SEBASTIAN, FL 32953

**New Principal Place of Business:**

13050 U.S. HIGHWAY 1  
SEBASTIAN, FL 32958

**Current Mailing Address:**

2065 HIGHWAY A1A #1701  
INDIAN HARBOR BEACH, FL 32937

**New Mailing Address:**

P.O. BOX 361785  
MELBOURNE, FL 32936

FEI Number: 45-0559855      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

FALLACE, JAMES H  
1900 S. HICKORY ST. STE A  
MELBOURNE, FL 32901 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: MGR ( ) Delete  
Name: JOSHI, PIYUSH M.D.  
Address: HIGHWAY A1A #1701  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JOSHI, PIYUSH M.D.  
Address: 2065, HIGHWAY A1A #1701  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

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: PIYUSH N. JOSHI

MGR

07/04/2008

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