2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L07000056304

Entity Name: ADVANCED UROLOGICAL TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

1461 SHADY MEADOW LANE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

POB 2932
SPOKANE, WA 992202932

New Mailing Address:

PO BOX 2932
SPOKANE, WA 992202932

FEI Number: 36-4610204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEARSON, JOHN M.D.
6100 MINTON ROAD
PALM BAY, FL 32907 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: PEARSON, JONN MD
Address: 1461 SHADY MEADOW LANE
City-St-Zip: DELAND, FL 32724

Title: MGRM ( ) Delete
Name: PROSTATE TREATMENT CENTER,LLC
Address: 200 N MULLAN RD STE 201
City-St-Zip: SPOKANE, WA 99206

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PEARSON, JOHN MD
Address: 1461 SHADY MEADOW LANE
City-St-Zip: DELAND, FL 32724

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: BRENDA PAPP CFO 04/13/2009

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