

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000056304

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**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:**

PO BOX 2932  
SPOKANE, WA 992202932

**New Mailing Address:**

**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.  
1421 MALABAR DRIVE  
SUITE #245  
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  
**Name:** PEARSON, JOHN MD  
**Address:** 1461 SHADY MEADOW LANE  
**City-St-Zip:** DELAND, FL 32724

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

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:** BRENDA PAPP

MGRM

01/27/2011

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