

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072378

Entity Name: SK UROLOGY, LLC

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

132 MINORCA AVE.  
CORAL GABLES, FL 33134

## New Principal Place of Business:

700 HIATUS ROAD  
SUITE 101  
PEMBROKE PINES, FL 33026

## Current Mailing Address:

132 MINOREA AVE.  
CORAL GABLES, FL 33134

## New Mailing Address:

132 MINOREA AVE.  
JOSE SMITH  
CORAL GABLES, FL 33134

FEI Number: 36-4612288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI  
250 AUSTRALIAN AVE., STE 500(JAF)  
WEST PALM BEACH, FL 33401 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: PRES ( ) Delete  
Name: FARRELL, JAMES  
Address: 250 AUSTRALIAN AVE STE 500  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: GOMEZ, COSME MD  
Address: 132 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Change (X) Addition  
Name: SIMON, MICHAEL MD  
Address: 132 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Change (X) Addition  
Name: KURZER, ELIECER MD  
Address: 132 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: COSME GOMEZ, MD

PRES

03/24/2009

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