

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005036

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA UROLOGY SPECIALISTS, LLC

**Current Principal Place of Business:**

1901 SE 18TH AVE. BUILDING #300  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

1901 SE 18TH AVE. BUILDING #300  
OCALA, FL 34472

**New Mailing Address:**

FEI Number: 33-1199782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAUB, HARVEY C M.D.  
1901 SE 18TH AVE. BUILDING #300  
OCALA, FL 34472 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: P ( ) Delete  
Name: TAUB, HARVEY C M.D.  
Address: 1901 SE 18TH AVE. BUILDING #300  
City-St-Zip: OCALA, FL 34472

Title: VP ( ) Delete  
Name: DESAUTEL, MICHAEL M.D.  
Address: 609 WEST HIGHLANDS BLVD.  
City-St-Zip: INVERNESS, FL 34452

Title: S ( ) Delete  
Name: RAO, DINESH M.D.  
Address: 1901 SE 18TH AVE. BUILDING #300  
City-St-Zip: OCALA, FL 34472

Title: T ( ) Delete  
Name: DESAI, PARESH M.D.  
Address: 609 WEST HIGHLANDS BLVD.  
City-St-Zip: INVERNESS, FL 34452

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: TAUB, HARVEY C M.D.  
Address: 1901 SE 18TH AVE. BUILDING #300  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: RAO, DINESH M.D.  
Address: 1901 SE 18TH AVE. BUILDING #300  
City-St-Zip: OCALA, FL 34471

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: HARVEY C. TAUB

PRES

03/26/2009

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