

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005036

FILED
Apr 27, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA UROLOGY SPECIALISTS, LLC

Current Principal Place of Business:

12109 COUNTY RD 103
OXFORD
OXFORD,, FL 34484

New Principal Place of Business:

Current Mailing Address:

12109 COUNTY RD 103
OXFORD
OXFORD,, FL 34484

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 34471 US

Name and Address of New Registered Agent:

SHER, ANDREW B M.D.
12109 COUNTY RD 103
OXFORD, FL 34484 US

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: ANDREW B. SHER, MD

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TAUB, HARVEY C M.D.
Address: 1901 SE 18TH AVE. BUILDING #300
City-St-Zip: OCALA, FL 34471 US

Title: MGRM
Name: DESAUTEL, MICHAEL M.D.
Address: 609 WEST HIGHLANDS BLVD.
City-St-Zip: INVERNESS, FL 34452 US

Title: MGRM
Name: RAO, DINESH M.D.
Address: 1901 SE 18TH AVE. BUILDING #300
City-St-Zip: OCALA, FL 34471 US

Title: MGRM
Name: DESAI, PARESH M.D.
Address: 609 WEST HIGHLANDS BLVD.
City-St-Zip: INVERNESS, FL 34452 US

Title: MGR
Name: SHER, ANDREW B
Address: 616 NORTH PALMETTO STREET
City-St-Zip: LEESBURG,, FL 34748 US

Title: MGR
Name: JO, PAUL D
Address: 2301 SE 3RD AVE.
City-St-Zip: OCALA, FL 34471 US

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: ANDREW B SHER, MD

MGR

04/27/2011

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