

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005036

FILED
Mar 27, 2012
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:

SHER, ANDREW B M.D.
12109 COUNTY RD 103
OXFORD, FL 34484 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: 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: HARVEY C. TAUB, MD

MGRM

03/27/2012

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