

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068166

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** UROLOGY CONSULTING LLC

**Current Principal Place of Business:**

700 SOUTH HARBOR ISLAND BLVD.  
UNIT 419  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

700 SOUTH HARBOR ISLAND BLVD.  
UNIT 419  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 26-2974956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIESS, PHILIPPE E  
700 SOUTH HARBOR ISLAND BLVD.  
UNIT 419  
TAMPA, FL 33602 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:** MGR  
**Name:** SPIESS, PHILIPPE E  
**Address:** 700 SOUTH HARBOR ISLAND BLVD., STE 419  
**City-St-Zip:** TAMPA, FL 33602

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: PHILIPPE E. SPIESS

DR

01/07/2010

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