

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068166

**FILED**  
**Jan 06, 2011**  
**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:**

1211 EAST CUMBERLAND AVENUE  
SUITE 2102  
TAMPA, FL 33602

**Current Mailing Address:**

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

**New Mailing Address:**

1211 EAST CUMBERLAND AVENUE  
SUITE 2102  
TAMPA, FL 33602

**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:**

SPIESS, PHILIPPE E  
1211 EAST CUMBERLAND AVE  
SUITE 2102  
TAMPA, FL 33602 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: PHILIPPE SPIESS

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SPIESS, PHILIPPE E  
Address: 1211 EAST CUMBERLAND AVE SUITE 2102  
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 SPIESS

MGRM

01/06/2011

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