

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080435

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** FUP I, P.L.

**Current Principal Place of Business:**

1209 SWANN AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

4215 N. GOMEZ AVE.  
TAMPA, FL 33607

**New Mailing Address:**

5523 W CYPRESS ST.  
SUITE 103  
TAMPA, FL 33607

**FEI Number:** 26-3608856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIDA UROLOGY PARTNERS, LLP  
4215 N. GOMEZ AVE.  
TAMPA, FL 33607 US

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

FLORIDA UROLOGY PARTNERS, LLP  
5523 W. CYPRESS ST.  
SUITE 103  
TAMPA, FL 33607 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:

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ROOT, MALCOLM M.D.  
Address: 1209 SWANN AVENUE  
City-St-Zip: TAMPA, FL 33606

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: MALCOLM ROOT

DR.

02/16/2010

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