

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080436

FILED
Feb 15, 2011
Secretary of State

Entity Name: FUP II, P.L.

Current Principal Place of Business:

ONE DAVIS BLVD. # 604
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

5523 W CYPRESS ST.
SUITE 103
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-3608913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA UROLOGY PARTNERS, LLP
5523 W. CYPRESS ST.
SUITE 103
TAMPA, FL 33607 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: P
Name: HELAL, MOHAMED A M.D.
Address: ONE DAVIS BLVD. # 604
City-St-Zip: TAMPA, FL 33606 US

Title: VP
Name: MASTANDREA, FRANK M.D.
Address: 4710 N. HABANA AVE.
City-St-Zip: TAMPA, FL 33614

Title: S
Name: PADRON, OSVALDO M.D.
Address: 5913 WEBB RD.
City-St-Zip: TAMPA, FL 33615

Title: T
Name: BUKKAPATNAM, RAVIENDER M.D.
Address: 1 DAVIS BLVD. SUITE 606
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: MOHAAMED HELAL

P

02/15/2011

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