

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080436

Entity Name: FUP II, P.L.

FILED
Feb 10, 2012
Secretary of State

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:

5523 W CYPRESS ST.
SUITE 202
TAMPA, FL 33607

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:

FLORIDA UROLOGY PARTNERS, LLP
5523 W. CYPRESS ST.
SUITE 202
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:

02/10/2012

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: MOHAMED HELAL

P

02/10/2012

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