

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080445

FILED
Apr 28, 2009
Secretary of State

Entity Name: FUP IV, P.L.

Current Principal Place of Business:

1209 SWANN AVENUE
TAMPA, FL 33606

New Principal Place of Business:

4710 NORTH HABANA AVE
SUITE 400
TAMPA, FL 33614

Current Mailing Address:

1209 SWANN AVENUE
TAMPA, FL 33606

New Mailing Address:

4215 N. GOMEZ AVE
TAMPA, FL 33607

FEI Number: 26-3608993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONSTEIN, JOEL D
1209 SWANN AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

FLORIDA UROLOGY PARTNERS, LLP
4215 N. GOMEZ AVE
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: MARY RILEY

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: MASTANDREA, FRANK D M.D.
Address: 4710 N. HABANA AVE SUITE 400
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANK D. MASTANDREA

P

04/28/2009

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