2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L10000077950

Entity Name: UROGYN CLINICS LLC

Current Principal Place of Business:

207 N. PLANT AVE
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

207 N. PLANT AVE
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AFRIDI, RUH A DR
207 N. PLANT AVE
PLANT CITY, FL 33563 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: MGR
Name: AFRIDI, RUH A DR.
Address: 207 N. PLANT AVE
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM
Name: REHMAN, JAMIL DR.
Address: 207 N. PLANT AVE
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM
Name: AFRIDI, SALIM K DR.
Address: 207 N. PLANT AVE
City-St-Zip: PLANT CITY, FL 33563

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 Statues.

SIGNATURE: RUH AFRIDI MGR 04/29/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date