

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000003564

FILED
Jan 04, 2012
Secretary of State

Entity Name: FLORIDA ROBOTIC AND MINIMALLY INVASIVE UROGYNECOLOGY, P.L.

Current Principal Place of Business:

5300 WEST HILLSBORO BLVD., SUITE 207
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5300 WEST HILLSBORO BLVD., SUITE 207
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 27-4511497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAPLAN, HAROLD E ESQ.
1515 UNIVERSITY DR., SUITE 201
CORAL SPRINGS, FL 33071 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: DR
Name: SHARIATI, AMIR
Address: 5300 W. HILLSBORO BLVD, STE 207
City-St-Zip: COCONUT CREEK, FL 33073

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: AMIR SHARIATI

DR

01/04/2012

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