


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002771 1. Entity Name CHILDREN'S UROLOGY GROUP, P.L.	
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Principal Place of Business 2727 WEST MARTIN LUTHER KING BLVD., SUITE 200 TAMPA, FL 33607	Mailing Address 2727 WEST MARTIN LUTHER KING BLVD., SUITE 200 TAMPA, FL 33607
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04122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3236138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when resigning)	DATE _____
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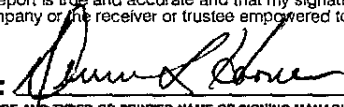
**Filing Fee is \$50.00
Due by May 1, 2005**

UDD0000324430
04/22/05-80096-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOVER, DENNIS L 2727 WEST MARTIN LUTHER KING BLVD., TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REISMAN, E. MICHAEL 2727 WEST MARTIN LUTHER KING BLVD., TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOLLIGIAN, MARK E 2727 W. MARTIN LUTHER KING BLVD., #200 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Dennis L. Hoover	(813) 874-7500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>