2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002771

1. Entity Name
CHILDREN'S UROLOGY GROUP, P.L.

Principal Place of Business	Mailing Address
2727 WEST MARTIN LUTHER KING BLVD., SUITE 200 TAMPA, FL 33607	2727 WEST MARTIN LUTHER KING BLVD., SUITE 200 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

04112006No Chg-LLC CR2E063 (11/05)

4. FEI Number
59-3236138
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

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05/08/06-80003-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-19-06 (813) 874-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #