

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90174 024 ****50.00

DOCUMENT # L98000002771 1. Entity Name CHILDREN'S UROLOGY GROUP, P.L.					
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		
2. Principal Place of Business - No P.O. Box # 4712 N. Armenia Ave		3. Mailing Address 4712 N. Armenia Ave			
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200			
City & State Tampa FL		City & State Tampa FL			
Zip 33603		Country USA		Zip 33603	
Country USA		4. FEI Number 59-3236138			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOVER, DENNIS L 2727 WEST MARTIN LUTHER KING BLVD., TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4712 N Armenia Ave, Ste 200 Tampa FL 33603	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REISMAN, E. MICHAEL 2727 WEST MARTIN LUTHER KING BLVD., TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4712 N. Armenia Ave, Ste 200 Tampa FL 33603	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KOLLIGIAN, MARK E 2727 W. MARTIN LUTHER KING BLVD., #200- TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4712 N. Armenia, Ste 200 Tampa FL 33603	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Dennis L Hoover MD Jr as Mgr.</i>			3-19-07 (813) 874-7500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		