

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000002771

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



Principal Place of Business
**4712 NORTH ARMENIA AVE
SUITE 200
TAMPA, FL 33603**

Mailing Address
**4712 NORTH ARMENIA AVE
SUITE 200
TAMPA, FL 33603**



04142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000914371
05/08/08-80053-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOOVER, DENNIS L
4712 NORTH ARMENIA AVE SUITE 200
TAMPA, FL 33603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REISMAN, E. MICHAEL
4712 NORTH ARMENIA AVE SUITE 200
TAMPA, FL 33603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KOLLIGIAN, MARK E
4712 NORTH ARMENIA SUITE 200
TAMPA, FL 33603**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-08