

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002771

FILED  
Feb 20, 2010  
Secretary of State

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

## Current Principal Place of Business:

4712 NORTH ARMENIA AVE  
SUITE 200  
TAMPA, FL 33603

## New Principal Place of Business:

4712 NORTH ARMENIA AVE  
SUITE 200  
TAMPA, FL 33603 US

## Current Mailing Address:

4712 NORTH ARMENIA AVE  
SUITE 200  
TAMPA, FL 33603

## New Mailing Address:

4712 NORTH ARMENIA AVE  
SUITE 200  
TAMPA, FL 33603 US

FEI Number: 59-3236138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINES, JAMES P  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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: MGR  
Name: HOOVER, DENNIS L MD  
Address: 4712 NORTH ARMENIA AVE SUITE 200  
City-St-Zip: TAMPA, FL 33603 US

Title: MGR  
Name: REISMAN, E. MICHAEL MD  
Address: 4712 NORTH ARMENIA AVE SUITE 200  
City-St-Zip: TAMPA, FL 33603 US

Title: MGR  
Name: KOLLIGIAN, MARK E MD  
Address: 4712 NORTH ARMENIA AVE SUITE 200  
City-St-Zip: TAMPA, FL 33603 US

Title: MGR  
Name: POLSKY, ETHAN G MD  
Address: 4712 NORTH ARMENIA AVE SUITE 200  
City-St-Zip: TAMPA, FL 33603 US

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: ROBERT G BEARD JR JD LL.M. CPA

CPA

02/20/2010

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