

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002771

FILED
Feb 13, 2011
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 US

New Principal Place of Business:

Current Mailing Address:

4712 NORTH ARMENIA AVE
SUITE 200
TAMPA, FL 33603 US

New Mailing Address:

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 LLM CPA

D-VP

02/13/2011

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