
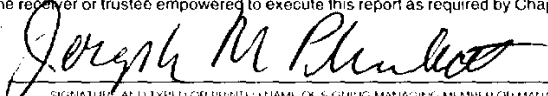


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;">FILED</div> <div style="text-align: center;">99 MAY 18 PM 3:27</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000003251 GULF COAST UROLOGY ASSOCIATES, P.L. 545 BRENT LANE PENSACOLA FL 32503		1a. Principal Place of Business Address 545 BRENT LANE PENSACOLA FL 32503			
2. Principal Place of Business 545 Brent Lane <small>Suite, Apt. #, etc.</small>		2a. Mailing Address 545 Brent Lane <small>Suite, Apt. #, etc.</small>		3. Date Organized or Qualified 12/10/1998	
City & State Pensacola, FL <small>Zip Country</small> 32503 USA		City & State Pensacola, FL <small>Zip Country</small> 32503 USA		4. FEI Number 59-3544264 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report N/A		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent HUSTON, GARY W 3 WEST GARDEN STREET, SUITE 600 PENSACOLA FL 32501			8. Name and Address of New Registered Agent/Office <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>Suite, Apt. #, etc.</small> <small>City</small> <small>Zip Code</small> FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MARTIN, HOWELL J M.D.	545 BRENT LANE		PENSACOLA FL	
MGR	PLUNKETT, J. MICHAEL	545 BRENT LANE		PENSACOLA FL	
MGR	PUENTE, EDUARDO M.D.	611 HWY. 90		MILTON FL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		5-13-99 8504775437			