M05000002571

* :
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WOS-18173 707
WU1-10101 701

Office Use Only



700049560027

04/06/65 - 01046 - 010 - **502.25

0510N - 4 PM 1: 37



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 11, 2005

PEG DRACH 3355 CLARK ROAD SARASOTA, FL 34231

SUBJECT: UROLOGY SPECIALISTS OF THE CAROLINAS, PLLC

Ref. Number: W05000018123

We have received your document for UROLOGY SPECIALISTS OF THE CAROLINAS, PLLC and your check(s) totaling \$502.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 305A00024525



3939 Green Oaks Blvd West, Ste 100 • Arlington, TX 76016 • 817-930-0040 • Fax 817-930-0043 1314 Sumter St., Ste. 110 • Leesburg, FL 34748 • 352-365-6877 • Fax 352-323-8925 3355 Clark Road • Sarasota, FL 34231 • 941-309-7284 • Fax 941-309-7282 7909 Fredericksburg Road, Ste. 150 • San Antonio, TX 78229 • 210-521-7700 • Fax 210-521-7710

April 22, 2005

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Ref. Number W05000018123

Please find your letter of April 11^{th.} I have filled out the replacement forms you sent for filing for Urology Specialists of the Carolinas, PLLC.

I believe you still have the "Certificate of Existence", but have sent you another copy just in case.

In addition, I have sent a copy of the check from Urology Specialists of the Carolinas, PLLC in the amount of \$502.25. As I now understand the charge will only be \$160.00, I would request that you refund the difference of \$342.25 (made out to Urology Specialists of the Carolinas, PLLC) and forward to me.

Thank you very much for your prompt attention to this matter.

Sincerely

Peg Drach

Registered Agent

TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

SUBJECT: UROLOGY SPECIALISTS (Name of Limited Part)	nership)
The enclosed Supplemental Affidavit and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	llowing:
Pag DRACH (Name of Person)	·
Wropath, LLC (Firm/Company)	
3355 Clark R	oad
Sansata, FL 34 (City/State and Zip C	231 ode)
For further information concerning this matter, please call:	
Pog DRACH at (Mame of Person)	41 309-7284 Area Code & Daytime Telephone Number 5
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

(FAX)9413097282

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	-
1. UROLDAY Specialists of the Carolinas, PLLC (Name of Foreign Limited Liability Company)	
2. North Carolina 3 56-2107759	+ she
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 1 1999 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	,
6. HAVE not yet transactED business = 3	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	4 3
7. 1918 Randelph Road, Suite 400	
Charlotte, NC28207 (Street Address of Principal Office)	
(Street Address of Principal Office)	:
8. If limited liability company is a manager-managed company, check here	\\
9. The name and usual business addresses of the managing members or managers are as follows:	
G. ALBERT DASHER, MD; Roberto F. Ferravo, MD, Timothy A. Gojew	sti, mo j
John A. KIRKLAND JR, MD; SAMUEL J. Perotsman, MD; Thomas H. Phill	
William C. Rice, MD; G. Kenneth Scholl, JR., MD; RALPH N. Vick, MD; DANIEL L. WATSON, MD; Bradley K. Weisner, MD 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	-
DANIEL L. WATSON, MD'S Bradley K. Weisner, MD	
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable, if the certificate is in a foreign language, a	rcis in
manslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
TOLKY SCIOLISTS armed Laboratory for interpolation of the marker's	
The contains with the solution of the place of	
particely pearles . Has siach	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), r.S., the execution of this document constitutes	
an affirmation under the penalties of perjury that the facts stated herein are true.)	
TEA DKACH	er inne
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Chinted Clabinty Company is.
UROLOGY Specialists of the Carolinas, PLLC
2. The name and the Florida street address of the registered agent and office are:
Peg DRACH (Name)
1100my 110 2355 CON KDd = 8
Florida Street Address (P.O. Box NOT ACCEPTABLE)
SARASOTA FL 34231
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited
liability company at the place designated in this certificate, I hereby accept the appointment as registered
agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes
relating to the proper and complete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.
Her mach
(Signature)

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

UROLOGY SPECIALISTS OF THE CAROLINAS, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of October, 1998, with a period of duration ending DEC 2099.

I FURTHER certify that the said professional limited liability company's articles of formation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said professional limited liability company is not suspended for failure to comply with the provisions of any North Carolina Licensing Board; and that the said professional limited liability company has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2005

Secretary of State

Elaine I. Marshall



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

UROLOGY SPECIALISTS OF THE CAROLINAS, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 20th day of October, 1998, with a period of duration ending DEC 2099.

I FURTHER certify that the said professional limited liability company's articles of formation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said professional limited liability company is not suspended for failure to comply with the provisions of any North Carolina Licensing Board; and that the said professional limited liability company has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2005

laine I. Marshall.

Secretary of State