

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002521

FILED
Mar 22, 2009
Secretary of State

Entity Name: UROLOGY SPECIALISTS OF THE CAROLINAS, PLLC

Current Principal Place of Business:

201 QUEENS ROAD
CHARLOTTE, NC 28204

New Principal Place of Business:

Current Mailing Address:

1518 E. THIRD STREET
250
CHARLOTTE, NC 28204

New Mailing Address:

FEI Number: 56-2107759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRACH, PEG
3355 CLARK RD.
SARASOTA, FL 34231 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: MGRM () Delete
Name: DASHER, ALBERT G MD
Address: 201 QUEENS ROAD
City-St-Zip: CHARLOTTE, NC 28204

Title: MGRM () Delete
Name: FERRARO, ROBERTO F MD
Address: 201 QUEENS ROAD
City-St-Zip: CHARLOTTE, NC 28204

Title: MGRM () Delete
Name: GAJEWSKI, TIMOTHY A MD
Address: 201 QUEENS ROAD
City-St-Zip: CHARLOTTE, NC 28204

Title: MGRM () Delete
Name: KIRKLAND, JOHN A JR MD
Address: 201 QUEENS ROAD
City-St-Zip: CHARLOTTE, NC 28204

Title: MGRM () Delete
Name: PERETSMAN, SAMUEL J MD
Address: 201 QUEENS ROAD
City-St-Zip: CHARLOTTE, NC 28204

Title: MGRM () Delete
Name: PHILLIPS, THOMAS H MD
Address: 201 QUEENS ROAD
City-St-Zip: CHARLOTTE, NC 28204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTOPHER M SALISBURY

CPA

03/22/2009

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