


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 003 ****50.00

DOCUMENT # M07000000049

1. Entity Name
ATLANTIC UROLOGY CLINICS, LLC



Principal Place of Business
828 82ND PARKWAY
MYRTLE BEACH, SC 29572

Mailing Address
828 82ND PARKWAY
MYRTLE BEACH, SC 29572

60054045



2. Principal Place of Business - No P.O. Box #
823 82ND PARKWAY

3. Mailing Address
823 82ND PARKWAY

Suite, Apt. #, etc.

07192007 Chg-LLC CR2E083 (12/06)

City & State
Myrtle Beach SC

City & State
Myrtle Beach SC

Zip
29572 Country
USA

Zip
29572 Country
USA

4. FEI Number
51-0570029

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASSANO, PAT
1314 SUMTER STREET
LEESBURG, FL 34748

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UROPATH, LLC 1314 SUMTER STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Chris B. Richards Date: 7/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #