2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2015
Secretary of State
CC4336079578

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Entity Name: ADVANCED UROLOGY INSTITUTE, LLC

Current Principal Place of Business:

12109 CR 103
OXFORD, FL 34484

Current Mailing Address:

12109 CR 103
OXFORD , FL 34484 US

FEI Number: 46-2439971

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRABLE, MICHAEL J M.D.
545 HEALTH BLVD.
DAYTONA BEACH, FL 32114 US

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

Authorized Person(s) Detail :

Title	PRESIDENT
Name	GRABLE, MICHAEL DR.
Address	545 HEALTH BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114

Title	SECRETARY
Name	RAMOS, CARLOS DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	HEALEY, DENIS DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	BEISWANGER, JAY DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	TAUB, HARVEY DR.
Address	12109 CR 103
City-State-Zip:	OXFORD FL 34484

Title	TREASURER
Name	SELLINGER, SCOTT DR.
Address	2000 CENTRE POINT BLVD.
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP
Name	EISENBROWN, JEANNE N DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	JENKINS, MICHAEL DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL 32405

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HARVEY TAUB VP 04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title VP
Name HITT, WARREN DR.
Address 80 DOCTORS DRIVE
City-State-Zip: PANAMA CITY FL 32405

Title VP
Name BURDAY, DAVID DR.
Address 2000 CENTRE POINT BLVD.
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name RACKLEY, JUDSON D DR.
Address 2000 CENTRE POINT BLVD.
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name TRAN, JEAN-PAUL DR.
Address 2000 CENTRE POINTE BLVD.
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name DANN, JEFFREY DR.
Address 545 HEALTH BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name EPSTEIN, HOWARD DR.
Address 545 HEALTH BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name REGAN, TERRENCE DR.
Address 545 HEALTH BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name YOUNGMAN, ROBERT DR.
Address 545 HEALTH BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name DERSCH, MARK DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name DESAUTEL, MICHAEL DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name KING, EDWARD DR.

Title VP
Name BRADFORD, ROBERT DR.
Address 2000 CENTRE POINTE BLVD.
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name CAMPS, JOSEPH DR.
Address 2000 CENTRE POINT BLVD.
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name RENEHAN, JAMES DR.
Address 2000 CENTRE POINTE BLVD.
City-State-Zip: TALLAHASSEE FL 32308

Title VP
Name CANTWELL, ANTHONY DR.
Address 545 HEALTH BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name DINEEN, MARTIN DR.
Address 545 HEALTH BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name MERRELL, MATHEW DR.
Address 545 HEALTH BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name WEISS, STEPHEN DR.
Address 545 HEALTH BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name CUNNINGHAM, DAVID DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name DESAI, PARESH DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name JO, PAUL DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name KUMAR, UDAYA DR.
Address 12109 CR 103

Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name RAO, DINESH DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name SENERIZ, MANUEL DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name KARAVADIA, SAUMILKUMAR DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

City-State-Zip: OXFORD FL 34484

Title VP
Name SANDERS, THOMAS DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484

Title VP
Name SHER, ANDREW DR.
Address 12109 CR 103
City-State-Zip: OXFORD FL 34484