

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601172

FILED
Jan 14, 2009
Secretary of State

Entity Name: COHEN, MADORSKY, PINON & SANTA CRUZ UROLOGY CENTER OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

7400 SW 87 AVENUE
SUITE 240
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7400 SW 87 AVENUE
SUITE 240
MIAMI, FL 33173

New Mailing Address:

FEI Number: 59-1265799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, WILLIAM
Address: 7400 SW 87TH AVE., #240
City-St-Zip: MIAMI, FL 33173

Title: VPT () Delete
Name: MADORSKY, MARTIN
Address: 7400 S.W. 87TH AVE., #240
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: PINON, AVELINO
Address: 7400 S.W. 87TH AVE., #240
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: SANTA CRUZ, CARLOS
Address: 7400 SW 87TH AVE., #240
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM COHEN

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date