


FILED
May 18, 2004 8:00 am
Secretary of State

04-19-2004 90274 023 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 694508

1. Entity Name
UROLOGY ASSOCIATES, MARK I. LEIBOWITZ, M.D., P.A.



Principal Place of Business
1701 S.E. HILLMOOR DRIVE, SUITE #B6
PORT ST. LUCIE, FL 34952

Mailing Address
1701 S.E. HILLMOOR DRIVE, SUITE #B6
PORT ST. LUCIE, FL 34952

66422541



03082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1264 E. 32nd Street
Suite, Apt. #, etc.

3. Mailing Address
1264 E. 32nd Street
Suite, Apt. #, etc.

City & State
Silver City, NM

City & State
Silver City, NM

Zip
88061

Country
USA

Zip
88061

Country
USA

4. FEI Number
59-2108724

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEIBOWITZ, MARK I., MD
1701 SE HILLMOOR DR SE
PORT ST LUCIE, FL 34952

7. Name and Address of New Registered Agent
Name Robert J. Zike
Street Address (P.O. Box Number is Not Acceptable)
7000 S.E. Federal Hwy - Suite 210
Stuart, FL
Zip Code 34997

I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, and both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert J. Zike* DATE 05/17/2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEIBOWITZ, MARK I., MD 1701 SE HILLMOOR DRIVE #B PORT SAINT LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEIBOWITZ, MARK I., MD 1264 E. 32 nd Street Silver City, NM 88061
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Leibowitz* DATE: 4/10/04