

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694508

FILED  
Apr 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1264 E 32ND ST.  
SILVER CITY, NM 88061

**New Principal Place of Business:**

4527 NORTH SWAN STREET  
SILVER CITY, NM 88061

**Current Mailing Address:**

1264 E 32ND ST.  
SILVER CITY, NM 88061

**New Mailing Address:**

4527 NORTH SWAN STREET  
SILVER CITY, NM 88061

FEI Number: 59-2108724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZIKE, ROBERT J  
7000 SE FEDERAL HWY.  
STE. 210  
STUART, FL 34997 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: PTD ( ) Delete  
Name: LEIBOWITZ, MARK I, MD  
Address: 1264 E 32ND ST.  
City-St-Zip: SILVER CITY, NM 88061

Title: S ( ) Delete  
Name: LEIBOWITZ, JO  
Address: 1264 E 32ND ST.  
City-St-Zip: SILVER CITY, NM 88061

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: LEIBOWITZ, MARK I, MD  
Address: 4527 NORTH SWAN STREET.  
City-St-Zip: SILVER CITY, NM 88061

Title: S (X) Change ( ) Addition  
Name: LEIBOWITZ, JO  
Address: 4527 NORTH SWAN STREET.  
City-St-Zip: SILVER CITY, NM 88061

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: MARK I. LEIBOWITZ, M.D.

PDT

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date