


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H78560**  
 1. Entity Name  
**VARADY WEINSTEIN KAUFMAN UROLOGY, P.A.**



Principal Place of Business      Mailing Address  
**470 S. COUNTRY CLUB DR.**      **470 S. COUNTRY CLUB DR.**  
**ATLANTIS, FL 33462**              **ATLANTIS, FL 33462**



01092006 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2581743**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**VARADY, STEVEN J., M.D.**  
**470 S. COUNTRY CLUB DR.**  
**ATLANTIS, FL 33462**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV VARADY, STEVEN J., M.D. 470 S. COUNTRY CLUB DR. ATLANTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINSTEIN, DAVID M.D. 4889 S. CONGRESS AVE. LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/06-80003-020 150.00

12. 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 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 807, 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: *[Signature]* **VARADY, P.A.S.**      Date: *1/25/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #