

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # J81641	
1. Entity Name UROLOGY CENTER OF SOUTH FLORIDA, P.A.	



Principal Place of Business 1325 SOUTH CONGRESS AVENUE SUITE 111 BOYNTON BEACH FL 33426	Mailing Address 1325 SOUTH CONGRESS AVENUE SUITE 111 BOYNTON BEACH FL 33426
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent MONAGHAN, TIMOTHY E ESQ. 54 N.E. 4TH AVENUE DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, D SKINNER, WILLIAM K M.D. 1325 SOUTH CONGRES AVE., #111 BOYNTON BEACH FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D GOLD, ROBERT G M.D. 1325 SOUTH CONGRES AVE., #111 BOYNTON BEACH FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S, D BIASE, JOSEPH N M.D. 1325 SOUTH CONGRES AVE., #111 BOYNTON BEACH FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, D POPOWITZ, STUART M M.D. 1325 SOUTH CONGRESS AVE #111 BOYNTON BEACH FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Robert G. Gold MD 2-7-06 561-737-91
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #