

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90063 032 ***150.00

DOCUMENT # J81641

1. Entity Name

UROLOGY CENTER OF SOUTH FLORIDA, P.A.



Principal Place of Business

Mailing Address

~~1325 SOUTH CONGRESS AVENUE
SUITE 111
BOYNTON BEACH FL 33426~~

~~1325 SOUTH CONGRESS AVENUE
SUITE 111
BOYNTON BEACH FL 33426~~



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10151 Enterprise Center Blvd
Suite 201

PO Box 740340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, FL

Boynton Bch FL

4. FEI Number

59-2821164

Applied For

Not Applicable

Zip

Country

Zip

Country

33437

USA

33474

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPOWITZ, STUART M MD
~~1325 SOUTH CONGRESS AVE
SUITE 111
BOYNTON BEACH FL 33426~~

10151 Enterprise Center Blvd
201
Boynton Beach FL
33437

Name

New Address

Street Address

UROLOGY CENTER OF SOUTH FLORIDA, PA

City

10151 ENTERPRISE CENTER BLVD. #201

State

BOYNTON BEACH, FLORIDA 33437

Zip Code

33437

City

FL

State

Zip Code

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

Signature, typed or printed name of registered agent and date. If applicable.

NOTE: Registered Agent signature required when changing agent.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP, D
NAME SKINNER, WILLIAM K M.D.
STREET ADDRESS 1325 SOUTH CONGRESS AVE., #111
CITY-ST-ZIP BOYNTON BEACH FL 33426
☐ Delete
See Above

TITLE ~~VP, D~~
NAME ~~UROLOGY CENTER OF SOUTH FLORIDA, PA~~
STREET ADDRESS 10151 ENTERPRISE CENTER BLVD. #201
CITY-ST-ZIP BOYNTON BEACH, FLORIDA 33437
☐ Change ☐ Addition

TITLE P, D
NAME GOLD, ROBERT G M.D.
STREET ADDRESS 1325 SOUTH CONGRESS AVE., #111
CITY-ST-ZIP BOYNTON BEACH FL 33426
☐ Delete
See Above

TITLE ~~P, D~~
NAME ~~UROLOGY CENTER OF SOUTH FLORIDA, PA~~
STREET ADDRESS 10151 ENTERPRISE CENTER BLVD. #201
CITY-ST-ZIP BOYNTON BEACH, FLORIDA 33437
☐ Change ☐ Addition

TITLE S, D
NAME BIASE, JOSEPH N M.D.
STREET ADDRESS 1325 SOUTH CONGRESS AVE., #111
CITY-ST-ZIP BOYNTON BEACH FL 33426
☐ Delete
See Above

TITLE ~~S, D~~
NAME ~~UROLOGY CENTER OF SOUTH FLORIDA, PA~~
STREET ADDRESS 10151 ENTERPRISE CENTER BLVD. #201
CITY-ST-ZIP BOYNTON BEACH, FLORIDA 33437
☐ Change ☐ Addition

TITLE T, D
NAME POPOWITZ, STUART M M.D.
STREET ADDRESS 1325 SOUTH CONGRESS AVE #111
CITY-ST-ZIP BOYNTON BEACH FL 33426
☐ Delete
See Above

TITLE ~~T, D~~
NAME ~~UROLOGY CENTER OF SOUTH FLORIDA, PA~~
STREET ADDRESS 10151 ENTERPRISE CENTER BLVD. #201
CITY-ST-ZIP BOYNTON BEACH, FLORIDA 33437
☐ Change ☐ Addition

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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:

Stuart M. Popowitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-12-08 501-737-9191