2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2010
Secretary of State

DOCUMENT# J81641

Entity Name: UROLOGY CENTER OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

10151 ENTERPRISE CENTER BLVD
SUITE 201
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

10151 ENTERPRISE CENTER BLVD
SUITE 201
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 59-2821164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPOWITZ, STUART M MD
10151 ENTERPRISE CENTER BLVD.
#201
BOYNTON BEACH, FL 33437 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: D,P
Name: GOLD, ROBERT
Address: 10151 ENTERPRISE CENTER BLVD. #201
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D,VP
Name: SKINNER, WILLIAM
Address: 10151 ENTERPRISE CENTER BLVD. #201
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D,S
Name: BIASE, JOSEPH
Address: 10151 ENTERPRISE CENTER BLVD #201
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D,T
Name: POPOWITZ, STUART
Address: 10151 ENTERPRISE CENTER BLVD. #201
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: STUART M POPOWITZ CFO 03/16/2010

Electronic Signature of Signing Officer or Director — Date