

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81641

FILED  
Jan 07, 2011  
Secretary of State

**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

**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: ROBERT G GOLD MD

P

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date