

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90049 008 ****61.25

DOCUMENT # N99000006572	
1. Entity Name SOCIETY FOR URINARY CONTINENCE CENTERS OF AMERICA, INC.	

Principal Place of Business 7000 S.W. 62ND AVENUE SUITE 100 SOUTH MIAMI, FL 33143	Mailing Address 7000 S.W. 62ND AVENUE SUITE 100 SOUTH MIAMI, FL 33143
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable
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	
SUAREZ, GEORGE M M.D. 7000 S.W. 62ND AVENUE SUITE 100 SOUTH MIAMI, FL 33143		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

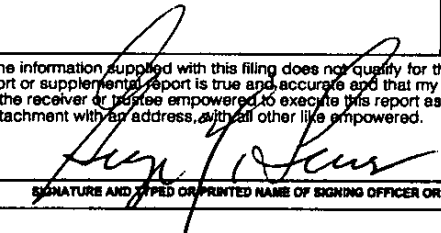
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, GEORGE M M.D. 7000 S.W. 62ND AVENUE SOUTH MIAMI, FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDSTON, RONALD R ESQ. 10305 S.W. 68TH COURT MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELZIEN, JAMES CPA 5100 N.W. 33RD AVENUE FORT LAUDERDALE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELZIEN, JAMES CPA ☒ Change ☐ Addition 5100 N.W. 33RD AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, Florida Statutes, 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 617, 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:  **1/17/06** **305-7400994**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

*Dr Suarez
Please sign
each one.*