

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90001 022 ***150.00

DOCUMENT # F03000002755	
1. Entity Name KANSAS CITY UROLOGY CARE, P.A.	

Principal Place of Business 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 66207-2969	Mailing Address 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 66207-2969
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54060729



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07022004 Chg-P CR2E034 (10/03)

4. FEI Number 48-1216340	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required*

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIFER, GARY M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOT STRICKLAND, JOHN M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAY, WILLIAM A M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTENFELD, MARK M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, THOMAS B M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDEN, FLOYD F M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969 ☐ 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 exemption stated in Section 119.07(3)(i), 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: William A. Fay **7/2/04** **913341-3314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #