

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000002755

FILED
Oct 06, 2005
Secretary of State

Entity Name: KANSAS CITY UROLOGY CARE, P.A.

Current Principal Place of Business:

5750 WEST 95TH STREET, STE. 229
SHAWNEE MISSION, KS 662072969

New Principal Place of Business:

Current Mailing Address:

5750 WEST 95TH STREET, STE. 229
SHAWNEE MISSION, KS 662072969

New Mailing Address:

FEI Number: 48-1216340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PETER SOUZA, ASST. SECRETARY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEIFER, GARY M.D.
Address: 5750 WEST 95TH STREET, STE. 229
City-St-Zip: SHAWNEE MISSION, KS 662072969

Title: VPDT () Delete
Name: STRICKLAND, JOHN M.D.
Address: 5750 WEST 95TH STREET, STE. 229
City-St-Zip: SHAWNEE MISSION, KS 662072969

Title: S () Delete
Name: FAY, WILLIAM A M.D.
Address: 5750 WEST 95TH STREET, STE. 229
City-St-Zip: SHAWNEE MISSION, KS 662072969

Title: D () Delete
Name: AUSTENFELD, MARK M.D.
Address: 5750 WEST 95TH STREET, STE. 229
City-St-Zip: SHAWNEE MISSION, KS 662072969

Title: D () Delete
Name: HERRICK, THOMAS B M.D.
Address: 5750 WEST 95TH STREET, STE. 229
City-St-Zip: SHAWNEE MISSION, KS 662072969

Title: D () Delete
Name: FRIEDEN, FLOYD F M.D.
Address: 5750 WEST 95TH STREET, STE. 229
City-St-Zip: SHAWNEE MISSION, KS 662072969

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM A FAY

S

10/06/2005

Electronic Signature of Signing Officer or Director

Date