

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002755

FILED
Mar 12, 2007
Secretary of State

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

Current Principal Place of Business:

10701 NALL AVE
100
OVERLAND PARK, KS 66221

New Principal Place of Business:

Current Mailing Address:

10701 NALL AVE
100
OVERLAND PARK, KS 66221

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEIFER, GARY M.D.
Address: 10701 NALL AVE
City-St-Zip: OVERLAND PARK, KS 66221

Title: VPDT () Delete
Name: STRICKLAND, JOHN M.D.
Address: 10701 NALL AVE
City-St-Zip: OVERLAND PARK, KS 66221

Title: S () Delete
Name: SCOTT, MONTGOMERY
Address: 10701 NALL AVE
City-St-Zip: OVERLAND PARK, KS 66221

Title: D () Delete
Name: AUSTENFELD, MARK M.D.
Address: 10701 NALL AVE
City-St-Zip: OVERLAND PARK, KS 66221

Title: D () Delete
Name: HERRICK, THOMAS B M.D.
Address: 10701 NALL AVE
City-St-Zip: OVERLAND PARK, KS 66221

Title: D () Delete
Name: FRIEDEN, FLOYD F M.D.
Address: 10701 NALL AVE
City-St-Zip: OVERLAND PARK, KS 66221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPDT (X) Change () Addition
Name: HERRICK, TOM M.D.
Address: 10701 NALL AVE
City-St-Zip: OVERLAND PARK, KS 66221

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

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

Title: D (X) Change () Addition
Name: STRICKLAND, JOHN M.D.
Address: 10701 NALL AVE
City-St-Zip: OVERLAND PARK, KS 66221

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 Chapter 119, 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: GARY LEIFER

PD

03/12/2007

Electronic Signature of Signing Officer or Director

Date