2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 478060

FILED Apr 05, 2007 Secretary of State

Entity Name: SEGAUL & HALPERN UROLOGY ASSOCIATES, P. A.

Current Principal Place of Business: New Principal Place of Business: 7800 W OAKLAND PARK BLVD SUITE216 SUNRISE, FL 333513784 **Current Mailing Address: New Mailing Address:** 7800 W OAKLAND PARK BLVD SUITE216 SUNRISE, FL 333513784 FEI Number: 59-1603515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEGAUL, ROBERT 7800 W OAKLAND PARK BLVD 216 SUNRISE, FL 33321 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SEGAUL, ROBERT MD, Name: Name: 7800 W OAKLAND PK BV 216 Address: Address: City-St-Zip: SUNRISE, FL 00000 City-St-Zip: Title: VSD (X) Delete Title: () Change () Addition Name: HALPERN, GERALD MD. Name: 7800 W OAKLAND PK BV 216 Address: Address: 00000 City-St-Zip: SUNRISE, FL 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: ROBERT SEGAUL PRES 04/05/2007