

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 571839 1. Entity Name PANAMA CITY UROLOGICAL CENTER, P.A.	
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Principal Place of Business 80 DOCTORS DR PANAMA CITY, FL 32405	Mailing Address 80 DOCTORS DR PANAMA CITY, FL 32405
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01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-1822901	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNN, MD N P 80 DOCTORS DR PANAMA CITY, FL 32405
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**DO NOT WRITE
IN THIS SPACE**

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 *Neal P. Dunn* DATE 2/2/6
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, NEAL P 80 DOCTORS DRIVE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEALEY, DENIS E. 80 DOCTORS DRIVE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEISWARGER, JAY M.D. 80 DOCTORS DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMOS, CARLOS E MD 80 DOCTORS DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EISENBROWN, NICOLE 80 DOCTORS DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000434132
02/24/06-80047-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Neal P. Dunn* DATE 2/2/6 850-785-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #