2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# 571839

Entity Name: PANAMA CITY UROLOGICAL CENTER, P.A.

Current Principal Place of Business:

80 DOCTORS DR
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

80 DOCTORS DR
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-1822901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, MD N P
80 DOCTORS DR
PANAMA CITY, FL 32405 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: P ( ) Delete
Name: DUNN, NEAL P
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL

Title: V ( ) Delete
Name: HEALEY, DENIS E.
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL

Title: S ( ) Delete
Name: BEISWARGER, JAY M.D.
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: T ( ) Delete
Name: RAMOS, CARLOS E MD
Address: 80 DOCTERS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: EISENBROWN, NICOLE
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete
Name: JENKINS, MICHAEL A
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DUNN, NEAL P MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL

Title: V (X) Change ( ) Addition
Name: HEALEY, DENIS E. MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL

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

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

Title: S (X) Change ( ) Addition
Name: EISENBROWN, NICOLE MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change ( ) Addition
Name: JENKINS, MICHAEL A MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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: NEAL P DUNN, MD P 01/08/2007
Electronic Signature of Signing Officer or Director Date