

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


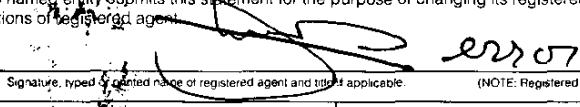
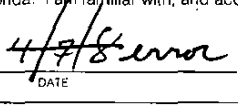
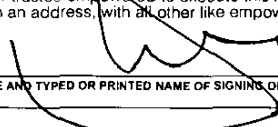
**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90014 023 \*\*\*158.75

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01222008 Chg-P CR2E034 (12/06)

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # 571839</b>  |   |   |  |  |  |
| 1. Entity Name<br>PANAMA CITY UROLOGICAL CENTER, P.A.   |   |   |  |   |  |
| Principal Place of Business<br>80 DOCTORS DR<br>PANAMA CITY, FL 32405   |   |   | Mailing Address<br>80 DOCTORS DR<br>PANAMA CITY, FL 32405  |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br>59-1822901   |  |
|   |   |   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>DUNN, MD N P<br>80 DOCTORS DR<br>PANAMA CITY, FL 32405   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE 4/7/8    |   |   |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>DUNN, NEAL P MD<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>HEALEY, DENIS E. MD<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>BEISWARGER, JAY M.D.<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL 32405  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      | S<br>BEISWARGER, JAY C., M.D.<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL 32405 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>RAMOS, CARLOS E MD<br>80 DOCTERS DRIVE<br>PANAMA CITY, FL 32405    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      | S<br>HITT, WARREN T., M.D.<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL 32405    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>EISENBROWN, NICOLE MD<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL 32405 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>JENKINS, MICHAEL A MD<br>80 DOCTORS DRIVE<br>PANAMA CITY, FL 32405 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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 an other like empowered. |   |   |  |   |  |
| SIGNATURE:   |   |   | Date 4/7/8 Daytime Phone # 850-785-8557  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |  |   |  |