

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588343

FILED
Apr 26, 2005
Secretary of State

Entity Name: CITRUS UROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

609 W. HIGHLAND BLVD.
INVERNESS, FL 344524638 US

New Principal Place of Business:

Current Mailing Address:

609 W. HIGHLAND BLVD.
INVERNESS, FL 344524638 US

New Mailing Address:

FEI Number: 59-1842276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRINGER, THOMAS F
609 W. HIGHLAND BLVD.
INVERNESS, FL 326521638 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: STRINGER, THOMAS F,
Address: 609 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: V () Delete
Name: DESAI, PARESHKUMAR G
Address: P.O. BOX 3087
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: D () Delete
Name: DESAUTEL, MICHAEL
Address: 609 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: ZELNERONOK, NICHOLAI
Address: P.O. BOX 3087
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: D () Delete
Name: CARTWRIGHT, CHARLES K
Address: 1210 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: SENERIZ, MANUEL A
Address: 609 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS F STRINGER MD

P

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date