

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588343

FILED
Feb 02, 2012
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:

DESAUTEL, MICHEAL G
609 W. HIGHLAND BLVD.
INVERNESS, FL 326521638 US

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: MICHAEL G DESAUTEL

02/02/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DESAUTEL, MICHAEL G
Address: 609 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

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

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

Title: D
Name: ZELNERONOK, NICHOLAI
Address: 1934 SALKS AVE
City-St-Zip: TAVARES, FL 32778

Title: D
Name: KUMAR, UDAYA
Address: PO BOX 3087
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

I hereby 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 all other like empowered.

SIGNATURE: PARESHKUMAR G DESAI

V

02/02/2012

Electronic Signature of Signing Officer or Director

Date