
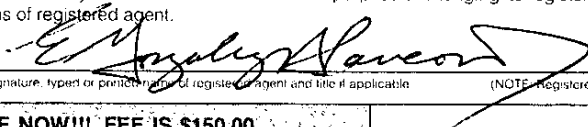


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90141 030 ***150.00

DOCUMENT # 597358 1. Entity Name KEY WEST UROLOGY ASSOCIATES, P.A.					
Principal Place of Business 1111 12TH ST STE 108 KEY WEST FL 33040 US			Mailing Address 1111 12TH ST 108 KEY WEST FL 33040		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1871350	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KALIES, DAVID W 1111 12TH STREET SUITE 108 KEY WEST FL 33040				7. Name and Address of New Registered Agent Name E. D. Gonzalez-Blanco M.D. Street Address (P.O. Box Number is Not Acceptable) 1111 12TH ST. # 108 City Key West 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  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing 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 PD <input type="checkbox"/> Delete NAME KALIES, DAVID W STREET ADDRESS 26 TAMAKIND DR CITY-ST-ZIP KEY WEST FL			TITLE Pd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gonzalez-Blanco E.D. STREET ADDRESS P.O. Box # 5910 CITY-ST-ZIP K.W. FL. 33045		
TITLE VD <input type="checkbox"/> Delete NAME GONZALEZ-BLANCO, E.R STREET ADDRESS P O BOX 5910 N/A CITY-ST-ZIP KEY WEST FL			TITLE V.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Kalies, David W. STREET ADDRESS 26 Tamakind DR CITY-ST-ZIP K.W. FL. 33040		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #