


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 600005
 1. Entity Name
 UROLOGICAL ASSOCIATES OF SOUTH FLORIDA, P.A.



Principal Place of Business
 8940 SW 88TH ST
 SUITE 602E
 MIAMI, FL 33176 US

Mailing Address
 8940 SW 88TH ST
 SUITE 602E
 MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE



08172004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-0937648

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MACKLER, MELVIN
 8940 SW 88TH ST
 SUITE 602E
 MIAMI, FL 33176

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DANI, PAPIR M 8940 SW 88TH ST SUITE 602E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKLER, MELVIN 8940 SW 88TH ST SUITE 602E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVI, RICHARD 8940 N KENDALL DR STE 602E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000170787
 08/24/04-80001-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 those empowered.

SIGNATURE: M. Mackler
 SIGNATURE AND TYPE BELOW PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/04 305-598-3222
 Date Daytime Phone #

MELVIN MACKLER