


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 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
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02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0937648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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 *M. Mackler* DATE *2/22/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

11111111243221
02/25/05-80029-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DANI, PAPIR M 8040 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, RICHA 8940 N KENDALL DR STE 602E MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *M. Mackler* DATE *2/22/05* ³⁰⁵ *598-3227*
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

*MELVIN M. MACKLER, M.D.
PRESIDENT*