2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 AM **Secretary of State DOCUMENT #600005** 1. Entity Name UROLOGICAL ASSOCIATES OF SOUTH FLORIDA, P.A. Principal Place of Business Mailing Address 8940 SW 88TH ST 8940 SW 88TH ST SUITE 602E SUITE 602E MIAMI, FL 33176 MIAMI, FL 33176 US No Chg-P CR2E034 (11/05) 01182007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0937648 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MACKLER, MELVIN DO NOT WRITE 8940 SW 88TH ST SUITE 602E IN THIS SPACE MIAMI, FL 33176 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VPST NAME DANI PAPIR M STREET ADDRESS 8940 SW 88TH ST SUITE 602E CITY-ST-ZIP MIAMI, FL 33176 PD TITLE MACKLER, MELVIN NAME 8940 SW 88TH ST SUITE 602E STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 S TITLE DAVI. RICHA NAME STREET ADDRESS 8940 N KENDALL DR STE 602E DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33176 IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED