


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90035 031 \*\*\*150.00

**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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**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-P CR2E034 (11/05)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: M. Mackler Date: 1/21/08 Daytime Phone #: 305-598-3222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR