


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 600325**  
 1. Entity Name  
 UROLOGIC PHYSICIANS AND SURGEONS, P.A.



Principal Place of Business      Mailing Address  
 1411 N. FLAGLER DRIVE, SUITE #5300      1411 N. FLAGLER DRIVE, SUITE #5300  
 WEST PALM BEACH, FL 33401      WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**



01062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-1200384      Not Applicable

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

6. Name and Address of Current Registered Agent  
 BROWN, RUSKIN W  
 1411 N. FLAGLER DR.  
 SUITE 5300  
 WEST PALM BCH, FL 33401

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

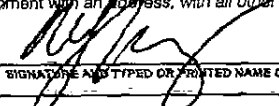
1111111111379426  
 01/10/06-80021-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, RUSKIN W.
STREET ADDRESS	1411 N. FLAGLER DR.
CITY-ST-ZIP	W.PALM BCH., FL
TITLE	VD
NAME	GOLDBERG, MURRAY G.
STREET ADDRESS	1411 N. FLAGLER DR.
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	SD
NAME	BORLAND, R. N.
STREET ADDRESS	1411 N. FLAGLER DR., STE. 5300
CITY-ST-ZIP	WEST PALM BEACH, FL
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:**  Murray G. Goldberg, MD    1/6/06 (561) 833-5594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #