


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

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



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

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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1200384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BROWN, RUSKIN W
 1411 N. FLAGLER DR.
 SUITE 5300
 WEST PALM BCH, FL 33401

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD BROWN, RUSKIN W. 1411 N. FLAGLER DR. W.PALM BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOLDBERG, MURRAY G. 1411 N. FLAGLER DR. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BORLAND, R. N. 1411 N. FLAGLER DR., STE. 5300 WEST PALM BEACH, FL
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: _____ **1/5/07** **561 833-5594**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ruskin W. Brown, MD