

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600325

FILED
Jan 12, 2011
Secretary of State

Entity Name: UROLOGIC PHYSICIANS AND SURGEONS, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1200384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BROWN, RUSKIN W.
Address: 1411 N. FLAGLER DR.
City-St-Zip: W.PALM BCH., FL 33401 US

Title: VD
Name: GOLDBERG, MURRAY G.
Address: 1411 N. FLAGLER DR.
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: SD
Name: BORLAND, R. N.
Address: 1411 N. FLAGLER DR., STE. 5300
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MURRAY G. GOLDBERG

VD

01/12/2011

Electronic Signature of Signing Officer or Director

Date