


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90002 046 ***150.00

DOCUMENT # 601811					
1. Entity Name WINTER PARK UROLOGY ASSOCIATES, PROFESSIONAL ASSOCIATION					
Principal Place of Business 1812 NORTH MILLS AVE ORLANDO, FL 32803		Mailing Address 1812 NORTH MILLS AVE ORLANDO, FL 32803			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1277954	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLAIMAN, ALLAN P 1812 NORTH MILLS AVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GUNDIAN, JULIO C		NAME	Inoel Rivera	
STREET ADDRESS	1812 NORTH MILLS AVE		STREET ADDRESS	1812 N. Mills Ave.	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVERA, INOEL		NAME		
STREET ADDRESS	1812 NORTH MILLS AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAUGHAN, DAVID		NAME		
STREET ADDRESS	1812 NORTH MILLS AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLAIMAN, ALLAN P		NAME		
STREET ADDRESS	1812 NORTH MILLS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THILL, JEFFREY R		NAME		
STREET ADDRESS	1812 N MILLS AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	ATS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JABLONSKI, DAVID H		NAME		
STREET ADDRESS	1812 NORTH MILLS AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
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: _____			01-20-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		