


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90070 023 ***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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04252007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-1277954

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	T	<input type="checkbox"/> Delete
NAME	GUNDIAN, JULIO C	
STREET ADDRESS	1812 NORTH MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, INOEL	
STREET ADDRESS	1812 NORTH MILLS AVE.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VAUGHAN, DAVID	
STREET ADDRESS	1812 NORTH MILLS AVE.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	KLAIMAN, ALLAN P	
STREET ADDRESS	1812 NORTH MILLS AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	S	<input type="checkbox"/> Delete
NAME	THILL, JEFFREY R	
STREET ADDRESS	1812 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	ATS	<input type="checkbox"/> Delete
NAME	JABLONSKI, DAVID H	
STREET ADDRESS	1812 NORTH MILLS AVE.	
CITY-ST-ZIP	ORLANDO, FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, JEFFREY D.	
STREET ADDRESS	1812 NORTH MILLS AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATEL, RAKESH	
STREET ADDRESS	1812 NORTH MILLS AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALSER, GARY A.	
STREET ADDRESS	1812 NORTH MILLS AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEAVER, ROBERT P.	
STREET ADDRESS	1812 NORTH MILLS AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ **4-27-07** **407-897-3499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40104378

