


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90237 025 ***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**

40091102



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

04212008 Chg-P CR2E034 (12/06)

City & State
 Zip Country

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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Allan P. Klaiman Date: 4-28-08 Daytime Phone #: 407-897-3499

WINTER PARK UROLOGY ASSOCIATES, P.A.
 DOCUMENT # 601811
 2008 UNIFORM BUSINESS REPORT (UBR)
 BLOCK 10

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
DIRECTOR	DR. JEFFREY D. BRADY	1812 NORTH MILLS AVENUE	ORLANDO	FLORIDA	32803
DIRECTOR	DR. RAKESH PATEL	1812 NORTH MILLS AVENUE	ORLANDO	FLORIDA	32803
DIRECTOR	DR. ROBERT P. WEAVER	1812 NORTH MILLS AVENUE	ORLANDO	FLORIDA	32803
DIRECTOR	DR. GARY A. KALSER	1812 NORTH MILLS AVENUE	ORLANDO	FLORIDA	32803

ATTACHMENT
 40091102