

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



04212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1277954

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLAIMAN, ALLAN P
1812 NORTH MILLS AVE
ORLANDO, FL 32803**

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 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

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	<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	
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:

Allan P. Klaiman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

407-897-3499

Daytime Phone #

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