

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601811

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** WINTER PARK UROLOGY ASSOCIATES, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

1812 NORTH MILLS AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1812 NORTH MILLS AVE  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 59-1277954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THILL, JEFFREY R  
1812 NORTH MILLS AVE  
ORLANDO, FL 32803 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: P/D  
Name: THILL, JEFFREY R  
Address: 1812 NORTH MILLS AVE  
City-St-Zip: ORLANDO, FL 32803

Title: P/D  
Name: GUNDIAN, JULIO C  
Address: 1812 NORTH MILLS AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: S/D  
Name: JABLONSKI, DAVID H  
Address: 1812 NORTH MILLS AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: T/D  
Name: BRADY, JEFFREY D  
Address: 1812 NORTH MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: AS/D  
Name: RIVERA, INOEL  
Address: 1812 N MILLS AVE  
City-St-Zip: ORLANDO, FL 32803

Title: AS/D  
Name: VAUGHAN, DAVID J JR.  
Address: 1812 NORTH MILLS AVE.  
City-St-Zip: ORLANDO, FL 32803

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: JEFFREY THILL

P/D

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date