

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 601914	
1. Entity Name UROLOGY ASSOCIATES, P.A.	

Principal Place of Business 11 W COLUMBIA ORLANDO FL 32806	Mailing Address 11 W COLUMBIA ORLANDO FL 32806
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2. Principal Place of Business File, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State	4. FEI Number 59-1292868	Applied For Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent KALSER, GARY A, M.D. 11 WEST COLUMBIA ST ORLANDO FL 32806	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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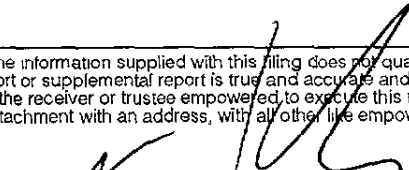
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD KALSER, GARY A., M.D. 11 W COLUMBIA ST ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1100000223918 02/10/05-80065-002 150.00 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2/7/2005 407/422-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gary A. Kalsner, M.D.	Date Daytime Phone #