

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1292868

Applied For
Not Applicable

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

KALSER, GARY A, M.D.
11 WEST COLUMBIA ST
ORLANDO FL 32806

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

Make Check Payable to Florida Department of State

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

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		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
	U00000628344 02/16/07-80010-025 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary A. Kalsen, M.D.

2/8/2007 407/422-2484

Date

Daytime Phone #