2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 602055

1. Entity Name
MID-FLORIDA UROLOGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1616 WOODWARD STREET ORLANDO, FL 32803	1616 WOODWARD STREET ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1292999

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DONAHUE, DENNIS J
1616 WOODWARD ST.
ORLANDO, FL 32803

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

H08000034026
05/23/08-80015-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GERBER, ADAM
STREET ADDRESS	1616 WOODWARD ST
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VPD
NAME	LOPEZ, JUAN A
STREET ADDRESS	1616 WOODWARD ST
CITY-ST-ZIP	ORLANDO, FL
TITLE	STD
NAME	DONAHUE, DENNIS J.
STREET ADDRESS	1616 WOODWARD ST.
CITY-ST-ZIP	ORLANDO, FL
TITLE	VPD
NAME	KATA, EDWARD J
STREET ADDRESS	1616 WOODWARD STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	GEORGES, CLETUS
STREET ADDRESS	1616 WOODWARD ST
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/25/2008 407-8961181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #