2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602055

FILED Apr 23, 2009 Secretary of State

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

Current P	rincipal Place o	of Business:	New Principal Place	New Principal Place of Business:	
	DDWARD STRE D, FL 32803	ET			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	DDWARD STRE D, FL 32803	ET			
FEI Number	: 59-1292999	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Cເ	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
1616 WO	E, DENNIS J DDWARD ST. D, FL 32803	us			
	named entity sue of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
				_	
	Electronic	Signature of Registered Age	ent	Date	
Election Ca		c Signature of Registered Age Trust Fund Contribution ().	ent	Date	
		Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTORS:	
OFFICER Title: Name: Address:	mpaign Financing	Trust Fund Contribution (). ORS: Delete RD ST			
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECT VD () [GERBER, ADAM 1616 WOODWAI ORLANDO, FL 3	Trust Fund Contribution (). ORS: Delete RD ST 2803 Delete	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
	Mpaign Financing S AND DIRECT VD () [GERBER, ADAM 1616 WOODWAI ORLANDO, FL 3 VPD () [LOPEZ, JUAN A 1616 WOODWAI ORLANDO, FL	Trust Fund Contribution (). ORS: Delete RD ST 2803 Delete RD ST	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS: () Change () Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	S AND DIRECT VD () E GERBER, ADAM 1616 WOODWAI ORLANDO, FL 3 VPD () E LOPEZ, JUAN A 1616 WOODWAI ORLANDO, FL STD () E DONAHUE, DENI 1616 WOODWAI ORLANDO, FL	Trust Fund Contribution (). ORS: Delete RD ST 2803 Delete RD ST Delete NIS J. RD ST.	ADDITIONS/CHANC Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS: () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

	Electronic Circuitor of Circuitor Officer on Director		D-1-
SIGNATURE:	DENNIS DONAHUE	STD	04/23/2009