

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602055

FILED  
Feb 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1616 WOODWARD STREET  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1616 WOODWARD STREET  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-1292999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONAHUE, DENNIS J  
1616 WOODWARD ST.  
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: VD  
Name: GERBER, ADAM  
Address: 1616 WOODWARD ST  
City-St-Zip: ORLANDO, FL 32803

Title: VPD  
Name: LOPEZ, JUAN A  
Address: 1616 WOODWARD ST  
City-St-Zip: ORLANDO, FL

Title: STD  
Name: DONAHUE, DENNIS J.  
Address: 1616 WOODWARD ST.  
City-St-Zip: ORLANDO, FL

Title: VPD  
Name: KATA, EDWARD J  
Address: 1616 WOODWARD STREET  
City-St-Zip: ORLANDO, FL

Title: D  
Name: GEORGES, CLETUS  
Address: 1616 WOODWARD ST  
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: DENNIS DONAHUE

STD

02/10/2012

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

\_\_\_\_\_  
Date