

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602941

FILED  
Feb 27, 2012  
Secretary of State

**Entity Name:** UROLOGY ASSOCIATES OF PINELLAS COUNTY, P.A.

**Current Principal Place of Business:**

430 MORTON PLANT STREET  
SUITE 206  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

430 MORTON PLANT STREET  
SUITE 206  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-1353885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARKLEY, CRAIG S  
430 MORTON PLANT STREET  
SUITE 206  
CLEARWATER, FL 33756 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: PD  
Name: ROSS, T. JOHNSON  
Address: 430 MORTON PLANT STREET, SUITE 206  
City-St-Zip: CLEARWATER, FL 33756

Title: VD  
Name: LAROSA, WILLIAM R. JR.  
Address: 430 MORTON PLANT STREET, SUITE 206  
City-St-Zip: CLEARWATER, FL 33756

Title: STD  
Name: BARKLEY, CRAIG S.  
Address: 430 MORTON PLANT STREET, SUITE 206  
City-St-Zip: CLEARWATER, FL 33756

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: CRAIG S. BARKLEY

STD

02/27/2012

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

\_\_\_\_\_  
Date