2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# 605102

Entity Name: BREVARD UROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1257 FLORIDA AVE.
ROCKLEDGE, FL 32955

New Principal Place of Business:

1026 PATHFINDER WAY
ROCKLEDGE, FL 32955

Current Mailing Address:

1257 FLORIDA AVE.
ROCKLEDGE, FL 32955

New Mailing Address:

1026 PATHFINDER WAY
ROCKLEDGE, FL 32955

FEI Number: 59-1519277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITAS, OVID E
19 N. INDIAN RIVER DR
COCOA,, FL 32931 US

Name and Address of New Registered Agent:

STEVEN, WOLFF M
1026 PATHFINDER WAY
ROCKLEDGE, FL 32955 US

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: STEVEN M. WOLFF 01/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: VITAS, OVID E MD
Address: 19 NORTH INDIAN RIVER DR
City-St-Zip: COCOA, FL 32922

Title: VP ( ) Delete
Name: WOLFF, STEVEN M MD
Address: 601 S. ATLANTIC BLVD
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: STEVEN M. WOLFF DR 01/16/2007
Electronic Signature of Signing Officer or Director Date