
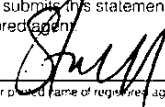


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90023 036 ***150.00

DOCUMENT # 605102 1. Entity Name BREVARD UROLOGY ASSOCIATES, P.A.					
Principal Place of Business 1026 PATHFINDER WAY ROCKLEDGE, FL 32955			Mailing Address 1026 PATHFINDER WAY ROCKLEDGE, FL 32955		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1519277	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEVEN, WOLFF M 1026 PATHFINDER WAY ROCKLEDGE, FL 32955				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  01-09-2008 <small>Signature, typed or printed name of registered agent and role if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES VITAS, OVID E MD <input checked="" type="checkbox"/> Delete 19 NORTH INDIAN RIVER DR COCOA, FL 32922				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOLFF, STEVEN M MD <input checked="" type="checkbox"/> Delete 601 S. ATLANTIC BLVD COCOA BEACH, FL 32931				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONAL OFFICERS AND DIRECTORS IN 11					
PRES, Wolff, Steven M. MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 S. Atlantic avenue Cocoa Beach, FL 32931					
VP, Corea, Michael, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1441 Bridgeport Circle Rockledge, FL 32955					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  01-09-2008 (321) 631-2070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					