

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 605102

FILED
Jun 24, 2009
Secretary of State

Entity Name: BREVARD UROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1026 PATHFINDER WAY
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

1026 PATHFINDER WAY
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-1519277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVEN, WOLFF M MD
1026 PATHFINDER WAY
ROCKLEDGE, FL 32955 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: P () Delete
Name: WOLFF, STEVEN M MD
Address: 601 S. ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931

Title: VP () Delete
Name: COREA, MICHAEL E MD
Address: 1441 BRIDGEPORT CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: ST () Delete
Name: GLICK, SETH H M.D.
Address: 3550 THURLOE DR.
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GLICK, SETH H MD
Address: 3550 THURLOE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

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

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.

SIGNATURE: SHERRY BERARD

MRS

06/24/2009

Electronic Signature of Signing Officer or Director

Date