2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 22, 2006
Secretary of State

DOCUMENT# A99000001051

Entity Name: WESCOTT FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

ATLANTIC UROLOGICAL ASSOC.
545 HEALTH BLVD.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

ATLANTIC UROLOGICAL ASSOC.
545 HEALTH BLVD.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3585480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESCOTT, JOHN W
89 NORTH ST. ANDREWS DRIVE
ORMOND BEACH, FL 32174 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

GENERAL PARTNER INFORMATION:

Document #:
Name: WESCOTT, JOHN W
Address: 89 NORTH ST. ANDREWS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDRESS CHANGES ONLY:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: JOHN W. WESCOTT, MD 03/22/2006

Electronic Signature of Signing General Partner — Date