


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90001 022 ***150.00

DOCUMENT # F03000002755

1. Entity Name
KANSAS CITY UROLOGY CARE, P.A.




Principal Place of Business Mailing Address
5750 WEST 95TH STREET, STE. 229 **5750 WEST 95TH STREET, STE. 229**
SHAWNEE MISSION, KS 66207-2969 **SHAWNEE MISSION, KS 66207-2969**

54060729

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.



07022004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
48-1216340 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required*

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIFER, GARY M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT STRICKLAND, JOHN M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAY, WILLIAM A M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTENFELD, MARK M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRICK, THOMAS B M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDEN, FLOYD F M.D. 5750 WEST 95TH STREET, STE. 229 SHAWNEE MISSION, KS 662072969	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William A. Fay* 7/2/04 913341-3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #