

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002755

FILED  
Jan 31, 2008  
Secretary of State

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

## Current Principal Place of Business:

10701 NALL AVE  
100  
OVERLAND PARK, KS 66221

## New Principal Place of Business:

## Current Mailing Address:

10701 NALL AVE  
100  
OVERLAND PARK, KS 66221

## New Mailing Address:

FEI Number: 48-1216340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEIFER, GARY M.D.  
Address: 10701 NALL AVE  
City-St-Zip: OVERLAND PARK, KS 66221

Title: VPDT ( ) Delete  
Name: HERRICK, TOM M.D.  
Address: 10701 NALL AVE  
City-St-Zip: OVERLAND PARK, KS 66221

Title: S ( ) Delete  
Name: SCOTT, MONTGOMERY  
Address: 10701 NALL AVE  
City-St-Zip: OVERLAND PARK, KS 66221

Title: D ( ) Delete  
Name: AUSTENFELD, MARK M.D.  
Address: 10701 NALL AVE  
City-St-Zip: OVERLAND PARK, KS 66221

Title: D ( ) Delete  
Name: STRICKLAND, JOHN M.D.  
Address: 10701 NALL AVE  
City-St-Zip: OVERLAND PARK, KS 66221

Title: D ( ) Delete  
Name: FRIEDEN, FLOYD F M.D.  
Address: 10701 NALL AVE  
City-St-Zip: OVERLAND PARK, KS 66221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: GARY LEIFER MD

Electronic Signature of Signing Officer or Director

PRES

01/31/2008

\_\_\_\_\_ Date