2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 25, 2006
Secretary of State

DOCUMENT# F04000002191

Entity Name: METROPOLITAN UROLOGY, P.S.C.

Current Principal Place of Business:

10421 UNIVERSITY CENTER DRIVE, SUITE 500-H
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1087
JEFFERSONVILLE, IN 47130

New Mailing Address:

P O BOX 1087
JEFFERSONVILLE, IN 47130

FEI Number: 35-1488175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEN, JAMES A M.D.
10421 UNIVERSITY CENTER DRIVE, SUITE 500-H
TAMPA, FL 33612 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: JAMES A BAILEN, MD
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAILEN, JAMES A M.D.
Address: P.O. BOX 1087
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: V ( ) Delete
Name: BENSON, DAVID M.D.
Address: P.O. BOX 1087
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: D ( ) Delete
Name: STEINBOCK, GREG M.D.
Address: P.O. BOX 1087
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: D ( ) Delete
Name: PECHA, BARRY M.D.
Address: P.O. BOX 1087
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: D ( ) Delete
Name: BELL, BRADLEY M.D.
Address: P.O. BOX 1087
City-St-Zip: JEFFERSONVILLE, IN 47130

Title: D ( ) Delete
Name: MEDLEY, RICHARD M.D.
Address: P.O. BOX 1087
City-St-Zip: JEFFERSONVILLE, IN 47130

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 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: JAMES A BAILEN PD 05/25/2006
Electronic Signature of Signing Officer or Director Date