2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# F05000005101

Entity Name: NORTHEAST INDIANA UROLOGY, PC

Current Principal Place of Business:

2512 DUPONT ROAD, SUITE 100
FORT WAYNE, IN 46845

New Principal Place of Business:

Current Mailing Address:

3355 CLARK RD, SUITE O
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 35-1754711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DRACH, PEG
3355 CLARK ROAD
SARASOTA, FL 34231 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: D ( ) Delete
Name: BRINKMAN, JOHN MD
Address: 2512 DUPONT ROAD, SUITE 100
City-St-Zip: FORT WAYNE, IN 46845

Title: D ( ) Delete
Name: KOERNER, THOMAS MD
Address: 2512 DUPONT ROAD, SUITE 100
City-St-Zip: FORT WAYNE, IN 46845

Title: D ( ) Delete
Name: NILL, THOMAS MD
Address: 2512 DUPONT ROAD, SUITE 100
City-St-Zip: FORT WAYNE, IN 46845

Title: DP ( ) Delete
Name: POLLIFRONE, DAVID MD
Address: 2512 DUPONT ROAD, SUITE 100
City-St-Zip: FORT WAYNE, IN 46845

Title: DVP ( ) Delete
Name: STEIDLE, CHRISTOPHER MD
Address: 2512 DUPONT ROAD, SUITE 100
City-St-Zip: FORT WAYNE, IN 46845

Title: D ( ) Delete
Name: WAGNER, THEODORE III, MD
Address: 2512 DUPONT ROAD, SUITE 100
City-St-Zip: FORT WAYNE, IN 46845

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: DAVID POLLIFRONE M.D. DP 01/11/2006

Electronic Signature of Signing Officer or Director Date