J...-15-2...(MON) 11:43 Uropath LLC
Rx Date/Time JAN-15-2007(MON) 08:23 21
Jan 15 07 10:10a NEIU/NEIUR

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90022 002 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005101

1. Entity Name
NORTHEAST INDIANA UROLOGY, PC

50000599

Principal Place of Business	Mailing Address
2512 DUPONT ROAD, SUITE 100 FORT WAYNE, IN 46845	3355 CLARK RD, SUITE 0 SARASOTA, FL 34231
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01152007 Chg-P CR2E034 (12/06)

4. FEI Number: 35-1754711 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DRACH, PEG
3355 CLARK ROAD
SARASOTA, FL 34231

7. Name and Address of New Registered Agent
Name: HOLLAND, ELAINE
Street Address (P.O. Box Number is Not Acceptable): 3355 CLARK ROAD
City: SARASOTA FL Zip Code 34231

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: Elaine Holland DATE: 1-15-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRINKMAN, JOHN MD 2512 DUPONT ROAD, SUITE 100 FORT WAYNE, IN 46845	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOERNER, THOMAS MD 2512 DUPONT ROAD, SUITE 100 FORT WAYNE, IN 46845	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NILL, THOMAS MD 2512 DUPONT ROAD, SUITE 100 FORT WAYNE, IN 46845	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP POLLIFRONE, DAVID MD 2512 DUPONT ROAD, SUITE 100 FORT WAYNE, IN 46845	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP STEIDLE, CHRISTOPHER MD 2512 DUPONT ROAD, SUITE 100 FORT WAYNE, IN 46845	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAGNER, THEODORE III, MD 2512 DUPONT ROAD, SUITE 100 FORT WAYNE, IN 46845	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David J. Pollifrone 1/15/07 260-436-6667

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

DAVID POLLIFRONE
PRESIDENT