2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F06000000685

1. Entity Name
UROLOGY CENTERS OF ALABAMA, P.C.

Principal Place of Business	Mailing Address
3485 INDEPENDENCE DR. HOMEWOOD, AL 35209	3485 INDEPENDENCE DR. HOMEWOOD, AL 35209

DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0581180
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331

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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 _____ DATE
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

TITLE	PCD
NAME	MOODY, THOMAS E
STREET ADDRESS	3485 INDEPENDENCE DR.
CITY-ST-ZIP	HOMEWOOD, AL 35209
TITLE	VC
NAME	TULLY, ALBERT J JR.
STREET ADDRESS	3485 INDEPENDENCE DR.
CITY-ST-ZIP	HOMEWOOD, AL 35209
TITLE	SD
NAME	TULLY, A. SCOTT
STREET ADDRESS	3485 INDEPENDENCE DR.
CITY-ST-ZIP	HOMEWOOD, AL 35209
TITLE	TD
NAME	MODLING, DOUGLAS L JR.
STREET ADDRESS	3485 INDEPENDENCE DR.
CITY-ST-ZIP	HOMEWOOD, AL 35209
TITLE	VD
NAME	CHRISTINE, BRIAN
STREET ADDRESS	3485 INDEPENDENCE DR.
CITY-ST-ZIP	HOMEWOOD, AL 35209
TITLE	VD
NAME	DEGUENTHER, MARK S
STREET ADDRESS	3485 INDEPENDENCE DR.
CITY-ST-ZIP	HOMEWOOD, AL 35209

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05/15/07-80040-024 150.00

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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 Sorrells Assistant Secretary 4/26/07 205-445-0145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #