

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000685

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

3485 INDEPENDENCE DR.
HOMEWOOD, AL 35209

New Principal Place of Business:

Current Mailing Address:

3485 INDEPENDENCE DR.
HOMEWOOD, AL 35209

New Mailing Address:

FEI Number: 63-0581180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: PCD () Delete
Name: MOODY, THOMAS E
Address: 3485 INDEPENDENCE DR.
City-St-Zip: HOMEWOOD, AL 35209

Title: VP () Delete
Name: SANFELIPPO, CARL
Address: 3485 INDEPENDENCE DR
City-St-Zip: HOMEWOOD, AL 35209

Title: SD () Delete
Name: TULLY, A. SCOTT
Address: 3485 INDEPENDENCE DR.
City-St-Zip: HOMEWOOD, AL 35209

Title: TD () Delete
Name: MODLING, DOUGLAS L JR.
Address: 3485 INDEPENDENCE DR.
City-St-Zip: HOMEWOOD, AL 35209

Title: VD () Delete
Name: CHRISTINE, BRIAN
Address: 3485 INDEPENDENCE DR.
City-St-Zip: HOMEWOOD, AL 35209

Title: VD (X) Delete
Name: DEGUENTHER, MARK S
Address: 3485 INDEPENDENCE DR.
City-St-Zip: HOMEWOOD, AL 35209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: DEGUENTHER, MARK S
Address: 3485 INDEPENDENCE DR.
City-St-Zip: HOMEWOOD, AL 35209

Title: VD (X) Change () Addition
Name: SANFELIPPO, CARL
Address: 3485 INDEPENDENCE DR
City-St-Zip: HOMEWOOD, AL 35209

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

Title: TD (X) Change () Addition
Name: HAMMONTREE, LEE N
Address: 3485 INDEPENDENCE DR.
City-St-Zip: HOMEWOOD, AL 35209

Title: VD (X) Change () Addition
Name: BUGG, CHARLES E JR.
Address: 3485 INDEPENDENCE DR.
City-St-Zip: HOMEWOOD, AL 35209

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: MARK S. DEGUENTHER

PCD

04/23/2009

Electronic Signature of Signing Officer or Director

Date