

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F26991

1. Entity Name
UROLOGIC SURGERY ASSOCIATES, P.A.



Principal Place of Business
3824 OAKWATER CIRCLE
ORLANDO, FL 32806 US

Mailing Address
3824 OAKWATER CIRCLE
ORLANDO, FL 32806 US



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2069766

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, STEPHEN A
517 DERRYDOWN DRIVE
ORLANDO, FL 32806

Stephen A Butler MD

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
BUTLER, STEPHEN A
517 DERRY DOWN DRIVE
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BUTLER, STEPHEN A
517 DERRY DOWN DRIVE
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
WEAVER, ROBERT P.
1108 LANCASTER DR.
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000570270
07/14/06-800006-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Stephen A Butler MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06

Date

4078268999

Daytime Phone #