


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F42246
 1. Entity Name
CENTRAL FLORIDA UROLOGY ASSOCIATES, P.A.



Principal Place of Business 521 W. S.R. 434, #301 LONGWOOD, FL 32750	Mailing Address 521 W. S.R. 434, #301 LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2117012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FRIEDMAN, MICHAEL
 521 W ST ROAD 434 #301
 LONGWOOD, FL 32750

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDMAN, MICHAEL 521 W ST ROAD 434 #301 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WITTEN CHARLES 521 W ST ROAD 434 #301 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CANGIANO, THOMAS G 521 W STATE ROAD 434 #301 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/26/04-80016-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles N. Witten Charles N. Witten 3/22/04 407-552-7700

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