


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 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



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2117012 Applied For
 Not Applicable

5. Certificate of Status Desired \$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 _____ 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, 2005 Fee will be \$550.00

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

U00000363327
 05/05/05-80152-025 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____