

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42246

FILED
Jun 13, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA UROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

521 W. S.R. 434, #301
LONGWOOD, FL 32750

New Principal Place of Business:

210 RINEHART RD.
1000
LAKE MARY, FL 32746

Current Mailing Address:

521 W. S.R. 434, #301
LONGWOOD, FL 32750

New Mailing Address:

210 REINHART RD.
1000
LAKE MARY, FL 32746

FEI Number: 59-2117012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, MICHAEL
521 W ST ROAD 434 #301
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

FRIEDMAN, MICHAEL
210 RINEHART RD.
1000
LAKE MARY, FL 32746 US

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: MICHAEL D. FRIEDMAN, M.D.

06/13/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRIEDMAN, MICHAEL,
Address: 521 W ST ROAD 434 #301
City-St-Zip: LONGWOOD, FL

Title: DST () Delete
Name: WITTEN CHARLES,
Address: 521 W ST ROAD 434 #301
City-St-Zip: LONGWOOD, FL

Title: DV () Delete
Name: CANGIANO, THOMAS G
Address: 521 W STATE ROAD 434 #301
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FRIEDMAN, MICHAEL D M.D.
Address: 210 RINEHART RD., SUITE 1000
City-St-Zip: LAKE MARY, FL 32746

Title: DST (X) Change () Addition
Name: WITTEN, CHARLES M.D.
Address: 210 RINEHART RD., SUITE 1000
City-St-Zip: LAKE MARY, FL 32746

Title: DV (X) Change () Addition
Name: CANGIANO, THOMAS G M.D.
Address: 210 RINEHART RD., SUITE 1000
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL D. FRIEDMAN, M.D.

DP

06/13/2006

Electronic Signature of Signing Officer or Director

Date