

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F42246**

1. Entity Name  
**CENTRAL FLORIDA UROLOGY ASSOCIATES, P.A.**



Principal Place of Business  
**210 RINEHART RD.  
 1000  
 LAKE MARY, FL 32746**

Mailing Address  
**210 REINHART RD.  
 1000  
 LAKE MARY, FL 32746**



04212008 No Chg-P CR2E034 (11/05)

**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  
 210 RINEHART RD.  
 1000  
 LAKE MARY, FL 32746**

**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  
**06/02/08**

**06/02/08-80015-022 150.00**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRIEDMAN, MICHAEL D M.D. 210 RINEHART RD., SUITE 1000 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WITTEN, CHARLES M.D. 210 RINEHART RD., SUITE 1000 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CANGIANO, THOMAS G M.D. 210 RINEHART RD., SUITE 1000 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #