

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42246

FILED  
Apr 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

210 RINEHART RD.  
1000  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

210 REINHART RD.  
1000  
LAKE MARY, FL 32746

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date