

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90050 011 \*\*\*150.00

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ED

**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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

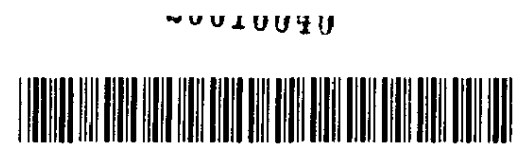
City & State

Zip Country Zip Country

4. FEI Number **59-2117012**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

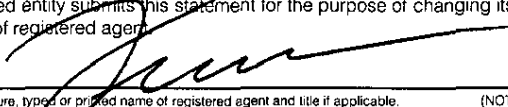
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00** ✓  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MICHAEL	
STREET ADDRESS	521 W ST ROAD 434 #301	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WITTEN CHARLES	
STREET ADDRESS	521 W ST ROAD 434 #301	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CANGIANO, THOMAS G	
STREET ADDRESS	521 W STATE ROAD 434 #301	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

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

CR2E034 (10/02)