

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # F95000003858

1. Entity Name
UROLOGY MEDICAL, INC.



Principal Place of Business

**4601 US HWY 90
LAKE CITY, FL 32055**

Mailing Address

**4601 US HWY 90
LAKE CITY, FL 32055**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1477293

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUSCH, ROBERT G DO
4601 US HWY 90 W
LAKE CITY, FL 32055**

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	BUSCH, ROBERT G DO
STREET ADDRESS	6721 US HWY 90 WEST
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	VP
NAME	ORDINARIO, ERIC D. O.
STREET ADDRESS	6721 US HIGHWAY 90 WEST
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000370645
07/05/05-80024-013 150.00

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05 3867524189

Date

Daytime Phone #