


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F95281

1. Entity Name
MIAMI UROLOGICAL ASSOCIATES, INC.



Principal Place of Business Mailing Address

**747 PONCE DE LEON BLVD
 SUITE 700
 CORAL GABLES, FL 33134**

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 SUITE 700
 CORAL GABLES, FL 33134**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

69-2206158 Not Applicable

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

5. Name and Address of Current Registered Agent

**WASMER, JOSE M., M.D.
 747 PONCE DE LEON BLVD.
 STE 700
 CORAL GABLES, FL 33134**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASMER, JOSE M MD 747 PONCE DE LEON #700 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAGGIOLO, LUIS F. 747 PONCE DE LEON #700 CORAL GABLES, FL
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 02/16/06-80012-006 150.00

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 # _____