



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F95281 1. Entity Name MIAMI UROLOGICAL ASSOCIATES, INC.	
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Principal Place of Business 747 PONCE DE LEON BLVD SUITE 700 CORAL GABLES, FL 33134	Mailing Address 747 PONCE DE LEON BLVD SUITE 700 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

	
01302007 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2206158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WASMER, JOSE M., M.D. 747 PONCE DE LEON BLVD. STE 700 CORAL GABLES, FL 33134

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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 reinstating)

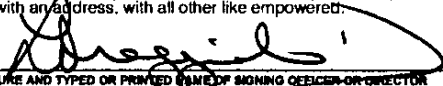
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASMER, 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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04/03/07-80051-006 150.00

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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 807, 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:  **2/12/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #