
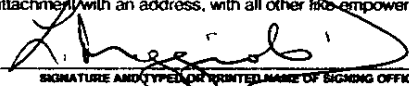


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90024 028 ***150.00

DOCUMENT # F95281			
1. Entity Name MIAMI UROLOGICAL ASSOCIATES, INC.			
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	
2. Principal Place of Business - No P.O. Box # 747 Ponce de Leon Blvd		3. Mailing Address SAME	
Suite, Apt. #, etc. Suite 502		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State	
Zip 33134	Country USA	Zip	Country
4. FEI Number 59-2206158		Applied For <input type="checkbox"/> 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 700 502 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASMER, JOSE M MD 747 PONCE DE LEON #700 502 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAGGIOLO, LUIS F. 747 PONCE DE LEON #700 502 CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 files empowered.			
SIGNATURE:  3/13/08		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #