

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95281

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MIAMI UROLOGICAL ASSOCIATES, INC.

## Current Principal Place of Business:

747 PONCE DE LEON BLVD STE 502  
CORAL GABLES, FL 33134

## New Principal Place of Business:

747 PONCE DE LEON BLVD  
SUITE 502  
CORAL GABLES, FL 33134

## Current Mailing Address:

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

## New Mailing Address:

747 PONCE DE LEON BLVD  
SUITE 502  
CORAL GABLES, FL 33134

FEI Number: 59-2206158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WASMER, JOSE M., M.D.  
747 PONCE DE LEON BLVD.  
STE 502  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JOSE M. WASMER, M.D.

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WASMER, JOSE M MD  
Address: 747 PONCE DE LEON 502  
City-St-Zip: CORAL GABLES, FL

Title: ST ( ) Delete  
Name: MAGGIOLO, LUIS F.  
Address: 747 PONCE DE LEON 502  
City-St-Zip: CORAL GABLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE M WASMER, M.D.

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date