

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43899

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** THE FLORIDA UROLOGY CENTER, P.A.

**Current Principal Place of Business:**

300 CLYDE MORRIS BLVD  
SUITE C  
ORMOND BCH., FL 321743315

**New Principal Place of Business:**

**Current Mailing Address:**

300 CLYDE MORRIS BLVD  
SUITE C  
ORMOND BCH., FL 321743315

**New Mailing Address:**

**FEI Number:** 59-2297461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORROW, BERT M MD  
300 CLYDE MORRIS BLVD  
SUITE C  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARR, GREGORY A MD  
Address: 300 CLYDE MORRIS BLVD. STE C  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: V  
Name: GUIDO, JAY C MD  
Address: 300 CLYDE MORRIS BLVD, STE C  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T  
Name: HERMANSEN, DANE K MD  
Address: 300 CLYDE MORRIS BLVD, STE C  
City-St-Zip: ORMOND BEACH, FL

Title: S  
Name: MORROW, BERT M MD  
Address: 300 CLYDE MORRIS BLVD, STE C  
City-St-Zip: ORMOND BEACH, FL

I hereby 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 all other like empowered.

SIGNATURE: GREGORY A PARR, MD

P

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date