

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07499

FILED
May 01, 2009
Secretary of State

Entity Name: WEST SHORE UROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

13201 WALSINGHAM RD., SUITE A
LARGO, FL 33774 US

New Principal Place of Business:

13201 WALSINGHAM RD
LARGO, FL 33774 US

Current Mailing Address:

13201 WALSINGHAM RD., SUITE A
LARGO, FL 33774 US

New Mailing Address:

13201 WALSINGHAM RD
LARGO, FL 33774 US

FEI Number: 59-2424304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL ESQ.
400 CLEVELAND STREET, SUITE 800
CLEARWATER, FL 34615 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LOMBARD, JEFFREY S D.O.
Address: 13201 WALSINGHAM RD
City-St-Zip: LARGO, FL 33774

Title: PD () Delete
Name: PARRY, CHRISTOPHER F D.O.
Address: 13201 WALSINGHAM RD
City-St-Zip: LARGO, FL 33774

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: CHRISTOPHER F PARRY

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date