## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # H34093

1. Entity Name

EMERALD COAST UROLOGY, P.A.



**FILED** Jan 28, 2005 08:00 AN **Secretary of State** 

Principal Place of Business

Mailing Address

909 MARWALT DR STE 1011 FT WALTON BCH, FL 32547 909 MARWALT DR STE 1011

FT WALTON BCH, FL 32547 US

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01122005 No Chg-P

CR2E034 (10/03)

4. FE! Number 59-2475473 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, ROBERT L. JR., M.D. 924 MARWALT DR FT WALTON BCH, FL 32547 AND THE WAR THE PERSON OF

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered offic	e or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE		·			
	Signature, typed or printed name of registered agent and title if	f applicable (NOTE, Registered Agent i	erzengk	required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	Hannana are
10.	OFFICERS AND DIREC	CTORS			<del>                                      </del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, ROBERT L. JR., M.D 909 MARWALT DR ATE 1011 FT. WALTON BCH, FL				01/28/05-80080-021 150.00
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STREET ADDRESS	I				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 in siese 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 like empowered.

SIGNATURE:

CITY+ST-ZIP

UNE AND TYPED OR PRINTED NAME OF SIGN

COFFICER OF DIRECTOR

1/12/05

750-863*-3*377

Daytime Phone #