

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**ORIGINAL FILED**  
Jan 9, 2008 08:00 AM  
Secretary of State

DOCUMENT # H50889

1. Entity Name  
ADULT UROLOGY CLINIC, P.A.



Principal Place of Business  
1002 SOUTH OLD DIXIE HIGHWAY #104  
JUPITER, FL 33458 US

Mailing Address  
1002 SOUTH OLD DIXIE HIGHWAY #104  
JUPITER, FL 33458 US



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2515452

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RYAN ESQ, JAMES D  
11891 US HWY ONE STE 201  
NORTH PALM BEACH, FL 33408

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WIITA, BRUCE E.
STREET ADDRESS	304 WEST RIVERSIDE DRIVE
CITY- ST- ZIP	JUPITER, FL 33469
TITLE	ST
NAME	WIITA, LU ANN
STREET ADDRESS	304 WEST RIVERSIDE DRIVE
CITY- ST- ZIP	JUPITER, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000803507  
02/08/08-80024-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

Date

561-747-5885

Daytime Phone #