

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62733

FILED
Jan 08, 2007
Secretary of State

Entity Name: SUNCOAST UROLOGY, P.A.

Current Principal Place of Business:

13906 LAKESHOR BLVD. SUITE 320
HUDSON, FL 34667

New Principal Place of Business:

7614 JACQUES RD
SUITE A
HUDSON, FL 34667

Current Mailing Address:

13906 LAKESHOR BLVD. SUITE 320
HUDSON, FL 34667

New Mailing Address:

7614 JACQUES RD
SUITE A
HUDSON, FL 34667

FEI Number: 59-2548591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES P. HINES, ESQUIRE
HINES,NORMAN&ASSOCIATES, P.A.
315 HYDE PARK AVENUE
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TANNENBAUM, ARNIE B.
Address: 13906 LAKESHORE BLVD
City-St-Zip: HUDSON, FL

Title: STD (X) Delete
Name: ALAGNA, MARK A.,
Address: 13906 LAKESHORE BLVD.
City-St-Zip: HUDSON, FL

Title: STD () Delete
Name: SPIRES, KEVIN S
Address: 13906 LAKESHORE BLVD
City-St-Zip: HUDSON, FL

Title: STD () Delete
Name: SADLER, BARRY
Address: 13906 LAKESHORE BLVD
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TANNENBAUM, ARNIE B.,
Address: 7614 JACQUES RD
City-St-Zip: HUDSON, FL 34667 US

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

Title: STD (X) Change () Addition
Name: SPIRES, KEVIN S
Address: 7614 JACQUES RD
City-St-Zip: HUDSON, FL 34667 US

Title: STD (X) Change () Addition
Name: SADLER, BARRY
Address: 7614 JACQUES RD
City-St-Zip: HUDSON, FL 34667 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNIE B TANNENBAUM

DP

01/08/2007

Electronic Signature of Signing Officer or Director

Date