

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98999

FILED
Feb 22, 2006
Secretary of State

Entity Name: OKALOOSA-WALTON UROLOGY, PA

Current Principal Place of Business:

% THOMAS D. ZACHOS
131 REDSTONE AVENUE, SUITE #102
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

% THOMAS D. ZACHOS
PO BOX 1147
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 63-0782463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZACHOS, THOMAS D., M.D.
4154 BEACH DRIVE
NICEVILLE, FL 32578 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: ZACHOS, THOMAS D., M., D.
Address: 4154 BEACH DRIVE
City-St-Zip: NICEVILLE, FL

Title: DV () Delete
Name: CHUNG, TED D M.D.
Address: 169 ELDEREDGE ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

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 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: KALLIOPE ZACHOS

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02/22/2006

Electronic Signature of Signing Officer or Director

Date