


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90070 014 ***150.00

DOCUMENT # J23354	
1. Entity Name THE GAINESVILLE UROLOGY CENTER, P.A.	

Principal Place of Business 4340 NEWBERRY ROAD SUITE 203 GAINESVILLE, FL 32605 US	Mailing Address 4340 NEWBERRY ROAD SUITE 203 GAINESVILLE, FL 32605 XXXX
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2. Principal Place of Business - No P.O. Box # 1179 NW 64TH TERRACE	3. Mailing Address PO BOX 141020
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State GAINESVILLE, FL	City & State GAINESVILLE, FL
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Zip 32605	Country	Zip 32614-1020	Country
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01142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2690467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GADDY, CLARK, M.D. 4340 NEWBERRY ROAD, SUITE 203 GAINESVILLE, FL 32605	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1179 NW 64TH TERRACE City GAINESVILLE FL 32605	
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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 X <i>Conny</i> 2 2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, GADDY, M.D. 4340 NEWBERRY ROAD, SUITE 203 GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 141020 GAINESVILLE, FL 32614-1020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMA, CRISTOFORO L 4340 NEWBERRY ROAD, SUITE 203 GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 141020 GAINESVILLE, FL 32614-1020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X <i>Conny</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2 2007 952 5381869 Date Daytime Phone #