

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28909

FILED
Jan 09, 2006
Secretary of State

Entity Name: UROLOGY CENTER OF FLORIDA, P.A.

Current Principal Place of Business:

550 S.W. 3RD STREET
CYPRESS MED OFFICE BUILDING, SUITE 305
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

550 S.W. 3RD STREET
CYPRESS MED OFFICE BUILDING, SUITE 305
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-2711461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERMAN, JUDITH
550 SW 3 ST.
SUITE 305
POMPANO BEACH, FL 33060 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: PDT () Delete
Name: HERMAN, CRAIG W,
Address: 550 SW 3RD STREET
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: HERMAN, CRAIG W,
Address: 550 SW 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33060

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: CRAIG W HERMAN

PDT

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date