## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K72231

FILED May 03, 2005 Secretary of State

Entity Na	me: UROLOG	GIC HEALTH CARE, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
3201 SW : OCALA, F	34 STREET L 32674			
Current Mailing Address:			New Mailing Address:	
3201 SW : OCALA, F	34 STREET L 32674			
FEI Number	: 59-2939758	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
GAINESVI The above in the Stat	e of Florida.	3 US	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU		nic Signature of Registered Age	- m t	 Date
Election Ca	ice with s. 607.19	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SD ( KLIMBERG, IR 2120 SW 55 S OCALA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD ( LOCKE, D. RU 3005 SW 53RI OCALA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IRA W KLIMBERG 05/03/2005 SD