

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K72231

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** UROLOGIC HEALTH CARE, INC.

**Current Principal Place of Business:**

3201 SW 34 STREET  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

3201 SW 34 STREET  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 59-2939758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, WILLIAM  
2531-A N.W. 41ST STREET  
GAINESVILLE, FL 32606 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: SD ( ) Delete  
Name: KLIMBERG, IRA,  
Address: 5593 SW 30TH AVE  
City-St-Zip: OCALA, FL 34474

Title: PD ( ) Delete  
Name: LOCKE, D. RUSSELL,  
Address: 4600 SW 46TH CRT 340  
City-St-Zip: OCALA, FL 34474

**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 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:** D RUSSELL LOCKE, MD

PD

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date