2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K73939

Entity Name

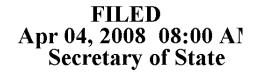
OCALA UROLOGY SPECIALISTS, P.A.



Principal Place of Business

2850 S.E. THIRD COURT OCALA, FL 34471 US Mailing Address

SOUTH PINE MEDICAL PARK 2850 SE THIRD COURT OCALA, FL 34471 US





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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2939427 Not Applied be

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, CHARLES T 2850 SE THIRD COURT OCALA, FL 34471

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

| 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 | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | ing \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KING, CHARLES T. 2850 SE THIRD CT OCALA, FL | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KING, EDWARD D 2850 SE THIRD CT OCALA, FL | | A Company of the Comp | 000000881127 " 04/15/08-80087-024 150.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN | THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| 12. It 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. | | | | | | | | |