

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011397

FILED
Jul 06, 2006
Secretary of State

Entity Name: UROLOGY CENTER OF FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

WEST MARION MEDICAL PLAZA
4600 S.W. 46TH COURT, BUILDING 200
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

WEST MARION MEDICAL PLAZA
4600 S.W. 46TH COURT, BUILDING 200
OCALA, FL 34474

New Mailing Address:

FEI Number: 20-3793450 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIS, PAULA A ESQ.
1224 CONSERVANCY DR. E.
TALLAHASSEE, FL 32312 US

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOCKE, RUSSELL M.D..
Address: 4600 S.W. 46TH COURT, BUILDING 200
City-St-Zip: Ocala, FL 34474

Title: VP () Delete
Name: KLIMBERG, IRA M.D.
Address: 4600 S.W. 46TH COURT, BUILDING 200
City-St-Zip: Ocala, FL 34474

Title: S/T () Delete
Name: KLIMBERG, IRA M.D.
Address: 4600 S.W. 46TH COURT, BUILDING 200
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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D RUSSELL LOCKE, M.D.

P

07/06/2006

Electronic Signature of Signing Officer or Director

Date