


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011397 1. Entity Name UROLOGY CENTER OF FLORIDA FOUNDATION, INC.	
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Principal Place of Business WEST MARION MEDICAL PLAZA 4600 S.W. 46TH COURT, BUILDING 200 OCALA, FL 34474	Mailing Address WEST MARION MEDICAL PLAZA 4600 S.W. 46TH COURT, BUILDING 200 OCALA, FL 34474
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03302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3793450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIS, PAULA A ESQ. 1224 CONSERVANCY DR. E. TALLAHASSEE, FL 32312

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCKE, RUSSELL M.D. 4600 S.W. 46TH COURT, BUILDING 200 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLIMBERG, IRA M.D. 4600 S.W. 46TH COURT, BUILDING 200 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T KLIMBERG, IRA M.D. 4600 S.W. 46TH COURT, BUILDING 200 OCALA, FL 34474
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05/16/07-80079-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I 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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 352-873-6976
Date Daytime Phone #