

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011397

1. Entity Name
UROLOGY CENTER OF FLORIDA FOUNDATION, INC.



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



04152008 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 ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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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05/28/08-80116-002 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 Date Daytime Phone #