

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011397

FILED
Mar 03, 2009
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:

2500 S W 17TH ROAD
BLDG 100
OCALA, FL 34471

Current Mailing Address:

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

New Mailing Address:

2500 S W 17TH ROAD
BLDG 100
OCALA, FL 34471

FEI Number: 20-3793450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LOCKE, D. RUSSELL
2500 S W 17TH ROAD
BLDG 100
OCALA, FL 34471 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:

03/03/2009

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 (X) 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: P (X) Change () Addition
Name: LOCKE, RUSSELL M.D..
Address: 2500 S W 17TH ROAD, BLDG 100
City-St-Zip: Ocala, FL 34471

Title: VST (X) Change () Addition
Name: KLIMBERG, IRA M.D.
Address: 2500 S W 17TH ROAD, BLDG 100
City-St-Zip: Ocala, FL 34471

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 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, MD

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date