

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011397

FILED
Feb 02, 2011
Secretary of State

Entity Name: UROLOGY CENTER OF FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

6035 SW 54TH STREET
SUITE 200
OCALA, FL 34474

New Principal Place of Business:

4600 SW 46TH COURT
BLDG 200, STE 160
OCALA, FL 34474

Current Mailing Address:

6035 SW 54TH STREET
SUITE 200
OCALA, FL 34474

New Mailing Address:

P O BOX 773730
OCALA, FL 34477

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
6035 SW 54TH STREET
SUITE 200
OCALA, FL 34474 US

Name and Address of New Registered Agent:

LOCKE, D. RUSSELL
4600 SW 46TH COURT
BLDG 200, STE 160
OCALA, FL 34474 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:

02/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOCKE, RUSSELL M.D..
Address: P O BOX 773730
City-St-Zip: Ocala, FL 34477

Title: VST
Name: KLIMBERG, IRA M.D.
Address: 3201 SW 34TH STREET
City-St-Zip: Ocala, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: D RUSSELL LOCKE, MD

P

02/02/2011

Electronic Signature of Signing Officer or Director

Date