

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009444

Entity Name: UROLOGY CENTRAL, P.A.

FILED  
Mar 24, 2008  
Secretary of State

## Current Principal Place of Business:

10000 W HWY 50  
#285  
OCOE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

10000 W HWY 50  
#285  
OCOE, FL 34761

## New Mailing Address:

FEI Number: 59-3621372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILWA, NABIL MD  
10000 W HWY 50  
#285  
OCOE, FL 34761 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HILWA, NABIL  
Address: 1000 W HWY 50 SUITE 285  
City-St-Zip: OCOE, FL 34761

Title: V ( ) Delete  
Name: WILLIAMS, JACQUELINE  
Address: 6000 W HWY 50 SUITE 285  
City-St-Zip: OCOE, FL 34761

Title: T ( ) Delete  
Name: HILWA, GHADA  
Address: 10000 W HWY 50 SUITE 285  
City-St-Zip: OCOE, FL 34761

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

SIGNATURE: GHADA HILWA

OFFI

03/24/2008

Electronic Signature of Signing Officer or Director

Date