

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024862

FILED
Jan 10, 2005
Secretary of State

Entity Name: UROLOGY ASSOCIATES OF NORTHEAST FLORIDA, P.A.

Current Principal Place of Business:

1715 VILLAGE WAY
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1715 VILLAGE WAY
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3629546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GRADY H JR.
1543-5 KINSLEY AVE.
ORANGE PARK, FL 32073 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: D () Delete
Name: Kaelin, James E M.D.
Address: 1715 Village Way
City-St-Zip: Orange Park, FL 32073

Title: D () Delete
Name: Bearss, Rollin W M.D.
Address: 1715 Village Way
City-St-Zip: Orange Park, FL 32073

Title: D () Delete
Name: Blasser, Marc H M.D.
Address: 1715 Village Way
City-St-Zip: Orange Park, FL 32073

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: DR () Change (X) Addition
Name: MCBROOM, STACY DIRECTO
Address: 1715 Village Way
City-St-Zip: Orange Park, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES E. Kaelin

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date