2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-18-2004 90033 032 ***150.00

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1. Entity Name
UROLOGY HEALTHCARE OF CENTRAL FLORIDA, P.A.

Principal Place of Business	Mailing Address
~~1705 US HWY. 27 N., SUITE #201~~ ~~DAVENPORT, FL 33837~~	~~1705 US HWY. 27 N., SUITE #201~~ ~~DAVENPORT, FL 33837~~

2. Principal Place of Business	3. Mailing Address
2217 NORTH BLVD WEST	2217 North Blvd West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVENPORT, FL	City & State: Davenport, Fl
Zip: 33837 Country: Polk	Zip: 33837 Country: Polk

03052004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3654437 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JHAVERI, FAIYAAZ M.D.
~~1705 US HWY. 27 N., SUITE #201~~
~~DAVENPORT, FL 33837~~
2217 North Blvd West
Davenport, Fl. 33837

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JHAVERI, FAIYAAZ M.D.	NAME	Jhaveri, Faiyaaz. M.D.
STREET ADDRESS	2217 NORTH BLVD., WEST	STREET ADDRESS	2217 NORTH BLVD WEST
CITY-ST-ZIP	DAVENPORT, FL 33837	CITY-ST-ZIP	DAVENPORT, FL - 33837
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #