


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000060554</b>	
1. Entity Name UROLOGY HEALTHCARE OF CENTRAL FLORIDA, P.A.	

Principal Place of Business 2217 NORTH BLVD WEST DAVENPORT, FL 33837	Mailing Address 2217 NORTH BLVD WEST DAVENPORT, FL 33837
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02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3654437	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JHAVERI, FAIYAAZ M.D. 2217 NORTH BLVD WEST DAVENPORT, FL 33837
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	000000296847 04/11/05-80005-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JHAVERI, FAIYAAZ M.D. 2217 NORTH BLVD., WEST DAVENPORT, FL 33837
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	Date <u>04-06-05</u>	Daytime Phone # _____
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