

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118247

**FILED**  
**Mar 12, 2006**  
**Secretary of State**

**Entity Name:** UROLOGY HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:**

22 STATE ROAD 60 WEST  
LAKE WALES, FL 33853

**New Principal Place of Business:**

410 CELEBRATION PLACE  
SUITE 203  
CELEBRATION, FL 34747

**Current Mailing Address:**

22 STATE ROAD 60 WEST  
LAKE WALES, FL 33853

**New Mailing Address:**

410 CELEBRATION PLACE  
SUITE 203  
CELEBRATION, FL 34747

**FEI Number:** 22-3851009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOTENFOE, RICHARD R  
22 STATE ROAD 60 WEST  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

LOTENFOE, RICHARD R  
840 SPRING PARK LOOP  
CELEBRATION, FL 34747 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:** RICHARD R LOTENFOE

03/12/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** LOTENFOE, RICHARD R  
**Address:** 22 STATE ROAD 60 WEST  
**City-St-Zip:** LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** LOTENFOE, RICHARD R  
**Address:** 840 SPRING PARK LOOP  
**City-St-Zip:** CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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:** RICHARD R LOTENFOE

D

03/12/2006

Electronic Signature of Signing Officer or Director

Date