

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000118247

**FILED**  
**May 24, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

410 CELEBRATION PLACE  
SUITE 203  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

410 CELEBRATION PLACE  
SUITE 203  
CELEBRATION, FL 34747

**New Mailing Address:**

**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  
840 SPRING PARK LOOP  
CELEBRATION, FL 34747 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LOTENFOE, RICHARD R  
Address: 840 SPRING PARK LOOP  
City-St-Zip: CELEBRATION, FL 34747

I hereby 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 all other like empowered.

**SIGNATURE:** RICHARD LOTENFOE

D

05/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date