2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008322

Entity Name: FLORIDA UROLOGY PHYSICIANS, P.A.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
STE A	DIOLUS DR ERS, FL 3390	8			
Current Mailing Address:			New Mailing Address:		
STE A	DIOLUS DR ERS, FL 3390	8			
FEI Number: 61-1402403 F		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KNOTT, CO 1625 HENI	R, GEORGE L ONSOER, EB DRY STREET ERS, FL 3390	ELINI, HART & SWETT, P.A , THIRD FLOOR			
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered A	gent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (ZUCKER, IRA 13662 PINE VI FORT MYERS,	LLA LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () SCHWARTZ, B 7451 GLADIOL FORT MYERS,	US DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN N. SCHWARTZ VΡ 04/13/2009