

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000016131

1. Entity Name
SOUTH COUNTY UROLOGY, P.A.



Principal Place of Business
16244 SOUTH MILITARY TRAIL STE 170
DELRAY BEACH, FL 33484

Mailing Address
16244 SOUTH MILITARY TRAIL STE 170
DELRAY BEACH, FL 33484



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2998380

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDMAN, DAVID ESQ
1300 PARK OF COMMERCE BLVD STE 273
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ZIFFER, MARK D MD
STREET ADDRESS 16244 SOUTH MILITARY TRAIL, STE 170
CITY-ST-ZIP DELRAY BEACH, FL 33484

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U00000535505
05/08/06-80056-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK D Ziffer M.D. X 4/27/06 561487-7584

Date

Daytime Phone #