


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000016131 1. Entity Name SOUTH COUNTY UROLOGY, P.A.	
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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
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03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2998380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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: <u>JANIS Ziffer-Officer</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>4/6/07</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000702038 04/20/07-80082-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIFFER, MARK D MD 16244 SOUTH MILITARY TRAIL, STE 170 DELRAY BEACH, FL 33484
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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 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/7/07</u> <u>561 495-7570</u> <small>Date Daytime Phone #</small>