


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90335 038 \*\*\*150.00

<b>DOCUMENT # P04000015452</b>	
1. Entity Name <b>TAMPA BAY UROLOGY INSTITUTE, P.A.</b>	

Principal Place of Business <b>420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759</b>	Mailing Address <b>420 PARK PLACE, SUITE 100 CLEARWATER, FL 33759</b>
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2. Principal Place of Business <b>ONE DAVIS BLVD Suite, Apt. #, etc. SUITE 604 City &amp; State TAMPA Zip 33606</b>	3. Mailing Address <b>ONE DAVIS BLVD Suite, Apt. #, etc. SUITE 604 City &amp; State TAMPA Zip 33606</b>
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03112005	Chg-P CR2E034 (10/03)
4. FEI Number <b>20-0597210</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>HELAL, MOHAMED A M.D. ONE DAVIS BLVD., STE. 604 TAMPA, FL 33606</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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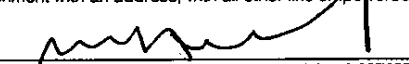
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **4/21/05** **813-258-9565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #