


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # P04000015452**

1. Entity Name  
 TAMPA BAY UROLOGY INSTITUTE, P.A.



Principal Place of Business  
 420 PARK PLACE, SUITE 100  
 CLEARWATER, FL 33759

Mailing Address  
 420 PARK PLACE, SUITE 100  
 CLEARWATER, FL 33759

2. Principal Place of Business  
 ONE DAVIS BLVD

3. Mailing Address  
 ONE DAVIS BLVD

Suite, Apt. #, etc.  
 SUITE 604

Suite, Apt. #, etc.  
 SUITE 604

City & State  
 TAMPA

City & State  
 TAMPA

Zip  
 33606

Country

Zip  
 33606

Country



03112005 Chg-P CR2E034 (10/03)

4. FEI Number  
 20-0597210

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HELAL, MOHAMED A M.D. ONE DAVIS BLVD., STE. 604 TAMPA, FL 33606	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DP
STREET ADDRESS		STREET ADDRESS	MOHAMED A. HELAL
CITY-ST-ZIP		CITY-ST-ZIP	ONE DAVIS BLVD SUITE 604
			TAMPA FL 33606
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: \_\_\_\_\_ Date: 4/21/05 Daytime Phone #: 813-258-9565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR