

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090218

Entity Name: SKW UROLOGY, P.A.

FILED  
Apr 22, 2005  
Secretary of State

## Current Principal Place of Business:

2051 SE THIRD ST - UNIT 401  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

1301 SHOTGUN ROAD  
WESTON, FL 33326

## Current Mailing Address:

2051 SE THIRD ST - UNIT 401  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

1301 SHOTGUN ROAD  
WESTON, FL 33326

FEI Number: 34-2000718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIELDSTONE RONALD, R  
201 ALHAMBRA CIR  
STE 601  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILSON, STEVEN K  
Address: 2051 SE THIRD ST - UNIT 401  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILSON, STEVEN K  
Address: 7409 RIVERCREST CIRCLE  
City-St-Zip: FT. SMITH, AR 72903

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN WILSON

D

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date