

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000090218

Entity Name: SKW UROLOGY, P.A.

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1301 SHOTGUN ROAD  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1301 SHOTGUN ROAD  
WESTON, FL 33326

**New Mailing Address:**

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:**

FIELDSTONE, RONALD R  
200 S. BISCAYNE BLVD.  
STE 3600  
MIAMI, FL 33131 US

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

04/18/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILSON, STEVEN K  
Address: 78-711 DEACON DRIVE EAST  
City-St-Zip: LA QUINTA, CA 92253

I hereby 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 all other like empowered.

SIGNATURE: STEVEN K. WILSON

D

04/18/2012

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

\_\_\_\_\_  
Date