

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107815

Entity Name: COASTAL UROLOGY, P.A.

FILED  
Apr 19, 2007  
Secretary of State

**Current Principal Place of Business:**

4012 COMMONS DRIVE WEST  
SUITE 100  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 936  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 20-5399370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NGUYEN, ANN T  
169 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

CHUNG, TED D MD  
169 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547 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: TED CHUNG

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHUNG, TED D  
Address: 169 ELDREDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP ( ) Delete  
Name: NGUYEN, ANN T  
Address: 169 ELDREDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S ( ) Delete  
Name: NGUYEN, DEBBIE T  
Address: 1948 WOODCREST RIDGE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DEBBIE NGUYEN

S

04/19/2007

Electronic Signature of Signing Officer or Director

Date