


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90027 035 \*\*\*150.00

<b>DOCUMENT # P06000157267</b>	
1. Entity Name <b>HEALTHY AGING AND UROLOGIC WELLNESS CENTER, P.A.</b>	

Principal Place of Business <b>1300 36TH STREET SUITE B VERO BEACH, FL 32960</b>	Mailing Address <b>1300 36TH STREET SUITE B VERO BEACH, FL 32960</b>
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**40058157**



2. Principal Place of Business - No P.O. Box # <b>1600 36 ST Suite B</b>	3. Mailing Address <b>1600 36 ST Suite B</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03202008 Chg-P CR2E034 (12/06)

City & State <b>VERO BEACH, FL</b>	City & State <b>VERO BEACH, FL</b>
Zip <b>32960</b>	Zip <b>32960</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>20-8137341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LAZAN, DAVID W 1600 36TH STREET SUITE B VERO BEACH, FL 32960</b>	
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7. Name and Address of New Registered Agent Name <b>CINDY GALE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 36 ST Suite B</b> City <b>VERO BEACH, FL</b> Zip Code <b>32960</b>	
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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, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAZAN, DAVID W</b>		NAME	
STREET ADDRESS <b>1600 36TH STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>VERO BEACH, FL 32960</b>		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	
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 exemptions contained 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 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: DAVID W LAZAN 3/20/08 772-567-4464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #