

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083337

FILED
Jan 08, 2009
Secretary of State

Entity Name: ADVANCED UROLOGY ASSOCIATES OF WEST PASCO, P.A.

Current Principal Place of Business:

5305 GULF DRIVE SUITE 4
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5305 GULF DRIVE SUITE 4
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 26-0638392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK ESQ
C/O O'CONNOR & ASSOCIATES
1250 S BELCHER SUITE 160
LARGO, FL 33771 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: ESPIRITU, LEON F MD
Address: 5305 GULF DRIVE SUITE 4
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: PEREZ-MARRERO, RAMON MD
Address: 5305 GULF DRIVE SUITE 4
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RAMON PEREZ-MARRERO

MD

01/08/2009

Electronic Signature of Signing Officer or Director

Date