

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000002112
 1. Entity Name
 UROLOGY HEALTH CENTER, INC.



Principal Place of Business Mailing Address
 5652 MEADOW LANE 5652 MEADOW LANE
 NEW PORT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34652 US

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3174239 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BEHAR, RAYMOND J
 5652 MEADOW LN
 NEW PORT RICHEY, FL 34652

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	CHOVNICK, STANLEY D
STREET ADDRESS	5652 MEADOW LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	D
NAME	BEHAR, RAYMOND J
STREET ADDRESS	5652 MEADOW LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	D
NAME	SHARKEY, JERROLD J
STREET ADDRESS	5652 MEADOW LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/26/04-80034-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Stanley Chovnick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/22/04* Daytime Phone #: *727.842.9561*