

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

05 NOV 29 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11232005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P93000002112</b> 1. Entity Name UROLOGY HEALTH CENTER, INC.					
Principal Place of Business 5652 MEADOW LANE NEW PORT RICHEY, FL 34652 US			Mailing Address 5652 MEADOW LANE NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3174239				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  BEHAR, RAYMOND J 5652 MEADOW LN NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP CHOVNICK, STANLEY D 5652 MEADOW LANE NEW PORT RICHEY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHAR, RAYMOND J 5652 MEADOW LANE NEW PORT RICHEY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARKEY, JERROLD J 5652 MEADOW LANE NEW PORT RICHEY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date			Daytime Phone #		

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