

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000002112

FILED
Oct 03, 2006
Secretary of State

Entity Name: UROLOGY HEALTH CENTER, INC.

Current Principal Place of Business:

5652 MEADOW LANE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5652 MEADOW LANE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3174239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHAR, RAYMOND J
5652 MEADOW LN
NEW PORT RICHEY, FL 34652 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: RAYMOND BEHAR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: CHOVNICK, STANLEY D
Address: 5652 MEADOW LANE
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: BEHAR, RAYMOND J
Address: 5652 MEADOW LANE
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: SHARKEY, JERROLD J
Address: 5652 MEADOW LANE
City-St-Zip: NEW PORT RICHEY, FL

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: RAYMOND BEHAR

D

10/03/2006

Electronic Signature of Signing Officer or Director

Date