

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

639

FILED

**Apr 10, 2007 08:00 A
Secretary of State**

DOCUMENT # P93000002112

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



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3174239

Applied For
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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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000698868
04/19/07-80019-023 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/07