

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076346

FILED
Jan 14, 2008
Secretary of State

Entity Name: SOUTH FLORIDA UROLOGY, P.A.

Current Principal Place of Business:

21110 BISCAYNE BLVD.
SUITE 401
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21110 BISCAYNE BLVD.
SUITE 401
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0445695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEITZENFELD, MARK
21110 BISCAYNE BLVD STE 401
AVENTURA, FL 33180 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: WEITZENFELD, MARK
Address: 21110 BISCAYNE BLVD, #401
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: SHERMAN, ROBERT
Address: 21110 BISCAYNE BLVD #401
City-St-Zip: AVENTURA, FL

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: MARK WEITZENFELD

D

01/14/2008

Electronic Signature of Signing Officer or Director

Date