


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90042 040 \*\*\*150.00

**DOCUMENT # P95000000123**

1. Entity Name  
**PAUL L. URBAN, M.D., P.A.**




Principal Place of Business  
**1511 SW 1ST AVE  
 Ocala FL 34474  
 US**

Mailing Address  
**P. O. DRAWER 3130  
 Ocala FL 34478  
 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3284885** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**URBAN, PAUL L  
 1511 S.W. FIRST AVENUE  
 Ocala FL 34474**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | D                | <input type="checkbox"/> Delete |
| NAME           | URBAN, PAUL L    |                                 |
| STREET ADDRESS | 1511 SW 1ST AVE  |                                 |
| CITY-ST-ZIP    | OCALA FL         |                                 |
| TITLE          | VP               | <input type="checkbox"/> Delete |
| NAME           | PRASNAD, RAKESH  |                                 |
| STREET ADDRESS | 1511 SW 1ST AVE. |                                 |
| CITY-ST-ZIP    | OCALA FL 34474   |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                 |   |
|----------------|-----------------|---|
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PRASHAD, RAKESH |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |

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: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_ (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR