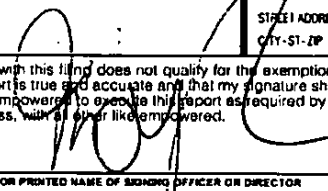


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

03-27-2006 90264 025 ****50.00
04-20-2006 90198 024 ***100.00

DOCUMENT # P95000051828			
1. Entity Name UROLOGY ASSOCIATES OF NORTH CENTRAL FLORIDA, P.A.			
Principal Place of Business 6440 W NEWBERRY RD SUITE 409 GAINESVILLE, FL 32605		Mailing Address 6440 W NEWBERRY RD SUITE 409 GAINESVILLE, FL 32605	
2. Principal Place of Business 1179 NW 64TH TERRACE		3. Mailing Address 1179 NW 64TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip 32605	Country	Zip 32605	Country
4. FEI Number 59-3323521		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, J. DEREK 6440 W NEWBERRY RD SUITE 409 GAINESVILLE, FL 32605		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 reselecting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, J. DEREK 6440 W NEWBERRY RD SUITE 409 GAINESVILLE, FL 32605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1179 NW 64TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIFKIN, MARTIN N 6440 W NEWSBERRY RD STE 409 GAINESVILLE, FL 32605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1179 NW 64TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 807, 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 		3/16/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	