

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000088152

1. Entity Name
UROLOGY CENTER OF FLORIDA AMBULATORY
SURGERY CENTER, INC.



Principal Place of Business
3201 SW 34TH STREET
OCALA, FL 34474-7439

Mailing Address
3201 SW 34TH STREET
OCALA, FL 34474-7439



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3346130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KING, WILLIAM D
2631-A NW 41ST STREET
GAINESVILLE, FL 32606

**DO NOT WRITE
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, 2008 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
DR
LOCKE, D. RUSSELL
3201 SW 34TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DR
KLIMBERG, IRA W
3201 SW 34TH STREET
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000938997
05/28/08-80010-020 150.00

**DO NOT WRITE
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 # _____