


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000088154 1. Entity Name UROLOGY CENTER OF FLORIDA PHYSICIANS, INC.	
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Principal Place of Business 3201 SW 34TH STREET OCALA, FL 34474	Mailing Address 3201 SW 34TH STREET OCALA, FL 34474
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06182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3346133	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent KING, WILLIAM D 2631-A NW 41ST STREET GAINESVILLE, FL 32606
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, D. RUSSELL 3201 SW 34TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLIMBERG, IRA W 3201 SW 34TH STREET OCALA, FL 34474
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06/24/04-80002-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Irma W. Klimberg, MD 6/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #