


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000088154	
1. Entity Name UROLOGY CENTER OF FLORIDA PHYSICIANS, INC.	

Principal Place of Business 3201 SW 34TH STREET OCALA, FL 34474	Mailing Address 3201 SW 34TH STREET OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE

03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3346133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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 _____

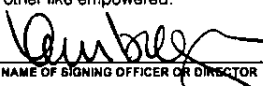
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR LOCKE, 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
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05/18/07-80059-013 150.00

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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:  4/24/07 352-873-6976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #