

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000668

FILED
Apr 17, 2009
Secretary of State

Entity Name: ALAN R. SCHNEIDER LAUDERDALE UROLOGY ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

5601 N. DIXIE HIGHWAY
SUITE 107
FT. LAUDERDALE, FL 33334 US

Current Mailing Address:

5601 N. DIXIE HIGHWAY
SUITE 107
FT. LAUDERDALE, FL 33334 US

FEI Number: 65-0630044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, ALAN R
5601 N. DIXIE HWY
SUITE 107
FORT LAUDERDALE, FL 33334 US

New Principal Place of Business:

5301 N. DIXIE HIGHWAY
SUITE 201
FT. LAUDERDALE, FL 33334 US

New Mailing Address:

5301 N. DIXIE HIGHWAY
SUITE 201
FT. LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

SCHNEIDER, ALAN R
5301 N. DIXIE HWY
SUITE 201
FORT LAUDERDALE, FL 33334 US

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.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHNEIDER, ALAN R MD
Address: 5601 N. DIXIE HIGHWAY SUITE#107
City-St-Zip: FT. LAUDERDALE, FL 3334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHNEIDER, ALAN R MD
Address: 5301 N. DIXIE HIGHWAY SUITE#201
City-St-Zip: FT. LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN R. SCHNEIDER MD

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date