2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P96000061785

Entity Name: CITRUS UROLOGY CENTER, INC.

Current Principal Place of Business:

3075 W GULF TO LAKE HWY
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

PO BOX 1420
LECANTO, FL 34461

New Mailing Address:

FEI Number: 59-3387636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRINGER, THOMAS F
609 W. HIGHLAND BLVD.
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZELNERONOK, NICHOLAI
Address: 3475 S SUNCOAST BLVD.
City-St-Zip: HOMOSASSA SPRINGS, FL 34448

Title: D ( ) Delete
Name: STRINGER, THOMAS F
Address: 609 W HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete
Name: DESAUTEL, MICHEAL G
Address: 609 W HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete
Name: DESAI, PARESH G
Address: 3475 S SUNCOAST BLVD.
City-St-Zip: HOMOSASSA SPRINGS, FL 34448

Title: D ( ) Delete
Name: CARMICHAEL, DONALD MD
Address: 403 WEST HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete
Name: FERNANDEZ, MORE MD
Address: 403 WEST HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS F STRINGER M.D. D 04/06/2004

Electronic Signature of Signing Officer or Director — Date