## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000061785

Entity Name: CITRUS UROLOGY CENTER, INC.

FILED Jan 28, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3075 W GULF TO LAKE HWY LECANTO, FL 34461

Current Mailing Address: New Mailing Address:

PO BOX 1420 PO BOX 1420

LECANTO, FL 34461 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: DESAUTEL, MICHAEL G Address: 609 W HIGHLAND BLVD. City-St-Zip: INVERNESS, FL 34452 US

Title: [

Name: STRINGER, THOMAS F Address: 609 W HIGHLAND BLVD. City-St-Zip: INVERNESS, FL 34452 US

Title: D

Name: KUMAR, UDAYA

Address: 3475 S SUNCOAST BLVD.

City-St-Zip: HOMOSASSA SPRINGS, FL 34448 US

Title: [

Name: DESAI, PARESH G Address: 3475 S SUNCOAST BLVD.

City-St-Zip: HOMOSASSA SPRINGS, FL 34448 US

Title:

Name: SANON, ASHISH MD

Address: 3475 S SUNCOAST BLVD. SUITE A

City-St-Zip: LECANTO, FL 34465 US

Title: D

Name: SENERIZ, MANUEL
Address: 609 W HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL G. DESAUTEL P 01/28/2011