
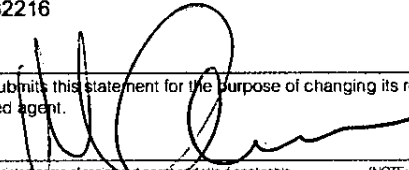
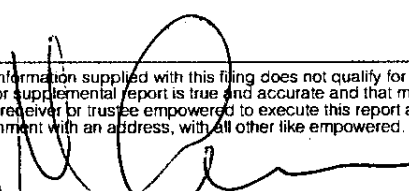


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90012 005 ***150.00

DOCUMENT # P96000077370 1. Entity Name ADVANCED UROLOGY ASSOCIATES, P.A.			
Principal Place of Business 3627 UNIVERSITY BLVDS SUITE 245 JACKSONVILLE, FL 32216 US		Mailing Address 3627 UNIVERSITY BLVDS SUITE 245 JACKSONVILLE, FL 32216 US	
2. Principal Place of Business 3599 UNIVERSITY BLVD S. Suite, Apt. #, etc. SUITE 804 City & State JACKSONVILLE, FL Zip 32216 Country US		3. Mailing Address 3599 UNIVERSITY BLVD S. Suite, Apt. #, etc. SUITE 804 City & State JACKSONVILLE, FL Zip 32216 Country US	
4. FEI Number 59-3400631		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMSON, MARK L M.D. 3627 UNIVERSITY BLVD. SOUTH #245 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3599 UNIVERSITY BLVD SOUTH SUITE 804 City JACKSONVILLE FL Zip Code 32216	
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:  DATE: 2/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SHAH, SHAILENDU K MD STREET ADDRESS 6038 BENNET ROAD CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ABRAMSON, MARK L MD STREET ADDRESS 3627 UNIVERSITY BLVD. SUITE 245 CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3599 UNIVERSITY BLVD S SUITE 804 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MIQUEL, GEORGE JR STREET ADDRESS 3627 UNIVERSITY BLVD. SUITE 255 CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3599 UNIVERSITY BLVD S SUITE 505 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: 2/1/04 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			