2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# P96000077370

Entity Name: ADVANCED UROLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

3599 UNIVERSITY BLVD S
SUITE 804
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD S
SUITE 804
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3400631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAMSON, MARK L M.D.
3599 UNIVERSITY BLVD SOUTH
#804
JACKSONVILLE, FL 32216 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: MD ( ) Delete
Name: SHAH, SHAILENDU K MD
Address: 6038 BENNET ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: MD ( ) Delete
Name: ABRAMSON, MARK L MD
Address: 3599 UNIVERSITY BLVD S. STE 804
City-St-Zip: JACKSONVILLE, FL 32216

Title: MD ( ) Delete
Name: MIQUEL, GEORGE JR
Address: 3599 UNIVERSITY BLVD S STE 505
City-St-Zip: JACKSONVILLE, FL 32216

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:

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: MARK L. ABRAMSON MD 03/25/2008

Electronic Signature of Signing Officer or Director Date