


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000096063			
1. Entry Name ADVANCED UROLOGY CENTER OF VOLUSIA, P.A.			
Principal Place of Business 633 DUNLAWTON AVENUE SUITE 2 PORT ORANGE FL 32127		Mailing Address 633 DUNLAWTON AVENUE SUITE 2 PORT ORANGE FL 32127	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FCI Number 58-2280067		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHOPRA, RAMESH K 633 DUNLAWTON AVENUE SUITE 2 PORT ORANGE FL 32127			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHOPRA, RAMESH K 633 DUNLAWTON AVENUE STE 2 PORT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000025490 02/02/04-80108-012 150.00
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
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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: RAMESH K. CHOPRA MD 1/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #