


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

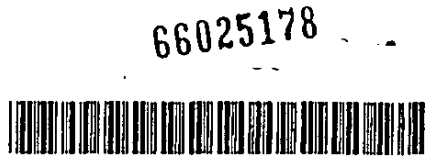
FILED
Jul 28, 2005 8:00 am
Secretary of State

07-06-2005 90033 050 ***150.00

DOCUMENT # P97000029053 1. Entity Name FIRST COAST UROLOGY, P.A.	
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Principal Place of Business 836 PRUDENTIAL DR. #1502 JACKSONVILLE, FL 32207 US	Mailing Address 836 PRUDENTIAL DR. #1502 JACKSONVILLE, FL 32207 US
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DO NOT WRITE IN THIS SPACE



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3430714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWARTZ, DOUGLAS A 836 PRUDENTIAL DR. SUITE 1502 JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SWARTZ, DOUGLAS A 836 PRUDENTIAL DRIVE #1502 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COBB, CHARLES G 836 PRUDENTIAL DR. #1502 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-05