

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000078961

**FILED**  
**Sep 21, 2005**  
**Secretary of State****Entity Name:** UROLOGY CONSULTANTS, INC.**Current Principal Place of Business:**33920 U.S. HIGHWAY 19, NORTH  
SUITE 241  
PALM HARBOR, FL 34684 US**New Principal Place of Business:****Current Mailing Address:**33920 U.S. HIGHWAY 19, NORTH  
SUITE 241  
PALM HARBOR, FL 34684 US**New Mailing Address:****FEI Number:** 59-3468213**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BERGNER, DONALD M DR.  
33920 U.S. HIGHWAY 19 NORTH  
SUITE 241  
PALM HARBOR, FL 34684 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

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: ZACHARY, MARK J MD  
Address: 33920 U.S. HIGHWAY 19, NORTH, SUITE 241  
City-St-Zip: PALM HARBOR, FL 34684

Title: PD ( ) Delete  
Name: BERGNER, DONALD M MD  
Address: 33920 US HIGHWAY 19 NORTH STE 241  
City-St-Zip: PALM HARBOR, FL 34684

Title: S ( ) Delete  
Name: KLEIN, LONNIE MD  
Address: 33920 US 19 N, STE 241  
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: KLEIN, LONNIE MD  
Address: 33920 US 19 N, STE 241  
City-St-Zip: PALM HARBOR, FL 34684

Title: TD ( ) Change (X) Addition  
Name: SZOSTAK, MICHAEL J  
Address: 33920 US 19N, STE 241  
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD M BERGNER MD

PD

09/21/2005

Electronic Signature of Signing Officer or Director

Date