2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078961

Entity Name: UROLOGY CONSULTANTS, INC.

FILED Mar 24, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

33920 U.S. HIGHWAY 19, NORTH 1840 MEASE DRIVE

SUITE 241 SUITE 300

PALM HARBOR, FL 34684 US SAFETY HARBOR, FL 34695 US

Current Mailing Address: New Mailing Address:

33920 U.S. HIGHWAY 19, NORTH 1840 MEASE DRIVE

SUITE 241 SUITE 300

PALM HARBOR, FL 34684 US SAFETY HARBOR, FL 34695 US

FEI Number: 59-3468213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERGNER, DONALD M DR.
33920 U.S. HIGHWAY 19 NORTH
BERGNER, DONALD M DR.
1840 MEASE DRIVE

SUITE 241 T840 MEAS SUITE 300

PALM HARBOR, FL 34684 US SAFETY HARBOR, FL 34695 US

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: 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: ZACHARY, MARK J MD Name: ZACHARY, MARK J MD Address: 33920 U.S. HIGHWAY 19, NORTH, SUITE 241 Address: 1840 MEASE DRIVE SUITE 300

City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BERGNER, DONALD M MD
 Name:
 BERGNER, DONALD M MD

 Address:
 33920 US HIGHWAY 19 NORTH STE 241
 Address:
 1840 MEASE DRIVE SUITE 300

City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete Title: SD (X) Change () Addition Name: KLEIN, LONNIE MD Name: KLEIN, LONNIE MD

 Address:
 33920 US 19 N, STE 241
 Address:
 1840 MEASE DRIVE SUITE 300

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: TD () Delete Title: (X) Change () Addition SZOSTAK, MICHAEL J SZOSTAK, MICHAEL J Name: Name: Address: 33920 US 19N,STE 241 Address: 1840 MEASE DRIVE SUITE 300 City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684

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: DONALD M BERGNER MD P 03/24/2009