FILED Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90020 035 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT								
DOCUI	MENT # P97000096									
1. Entity Name										
ATLANTIC UROLOGICAL ASSOCIATES, P.A.										
Principal Place	e of Business	Mailing Address								
545 HEALTH		545 HEALTH BLVD.		ĺ				500	05090	
DAYTONA BEACH, FL 32114		DAYTONA BEACH, FL 32114							000	00000
					ĺ				TR 188 111 68 111 1881	C1361 1601
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State				 FEI Number 59-3477 	199		<u> </u>	oplied For ot Applicable
Zip	Country Zip Cou		Count	try		5. Certificate o	f Status Desired		\$8.75 Add	
	6. Name and Address of Current i	Registered Agent				7. Name and A	ddress of New I			
				Name					×	
301 EAST	SCHICK, DAVID L 301 EAST PINE STREET			Street Address (P.O. Box Number is Not Acceptable)						
SUITE 140 ORLANDO), FL 32801		1							
				City				FL	Zip Cod	e
1	named entity submits this statement for	the purpose of changing it	s registere	ed office or re	egister	ed agent, or both	, in the State of F	iorida, I am	amiliar with,	and accept
ine obligat	ions of registered agent.							-		-
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Con		icing		00 May Be ed to Fees				ļ
<u></u>	<u> </u>		144	<u>-</u>		ADDITIONS (C	NAMED TO OF	EICEDE ANE	DIDECTOR	C (N. 11
10.	OFFICERS AND	Delete	11.		٧P		HANGES TO OF	FICENS AND	☐ Change	Addition
NAME	REGAN, TERRENCE C	- Dollar	NAM			own, B.T 2 Rivers	homas			
STREET ADORESS	2 SUGAR MILL LANE			ET ADDRESS (600	z Rivers	ide Dr.			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	Delete	TITLE		$\frac{\partial c_{\alpha}}{\nabla P}$	rond Beac	h FC 3	F1.10	Change	Addition
TITLE NAME	YOUNGMAN, ROBERT C	□ Delete	NAM			twell. Ar	thony L	. .	briange	A VOCITION
STREET ADDRESS	434 QUAY ASSISI			ET ADDRESS	Tio:	3 Okbrida	سفمما م			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 3210					nond Bear	ch. FL 3	17174		No addition
TITLE	DST DINEEN, MARTIN K	☐ Delete	TITLE	E	Den Den	n. Jeffr	eu A.		Change	⊠ Addition
STREET ADDRESS	12 SANDCASTLE		STRE	ET ADDRESS -	761	Deep wax	ts way			ì
CITY-ST-ZIP	ORMOND BEACH, FL 32176			-ST-ZIP	Dem	ond Beach	FL 32	174_		
TITLE	DP GRABLE, MICHAEL S	☐ Delete	TITLE NAM	: `	VP	rell, Ma	1460.30	1	Change	Addition
NAME STREET ADDRESS	695 LAKE WINNEMISSETT			ET ADDRESS	ner	RiverLa	برد			
CITY-ST-ZIP	DELAND, FL 32724		ÇITY	·ST-ZIP 1	DEW	wad Bead	in FL 3	12-170		
TITLE	VP	☐ Delete	TITLE		UP	ss II, Step	ohen G.		Change	Addition
NAME STREET ADDRESS	CHOPRA, RAMESH 2301 S PALMETTO AVE			ET ADDRESS :	メイク	Hampto	a Hills Cot			_
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY	-\$T-Z!P	Del	Bury FL	32713			{
TITLE	DVP	☐ Delete	TITLE		٧P	kford Ro	bert W.		Change	Addition
NAME STREET ADDRESS	EPSTEIN, HOWARD B 3718 PINE ST		NAM STRE	E ADDRESS 3	Lan Ran i	LEKE WITH	emissett	Dr.		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY	-ST-ZIP	Del	and, ti	3 <u>2724</u>			
12. I hereby	certify that the information supplied with	this filing soes not qualify	for the exi	emptions cor	ntained	i in Chapter 119, same legal effect	Florida Statutes, as if made under	I further cen r oath; that i	tify that the it am an officer	nformation r or director
12. I hereby certify that the information supplied with this filing toes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and flocurate and that my signature shall have the same legal effect as it 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, this at other like empowered.										
MAN 0 - C - 1 3/7/02 /28/1239 8500										
SIGNATURE:										

3h/06 (386)239-8500 Dete Despure Phone #

SIGNATURE:

<i>4</i> .	ANNUAL	REPORT	HON						
DOCUMENT # P97000096007 1. Entity Name ATLANTIC UROLOGICAL ASSOCIATES, P.A.						^ ~~ a	^ 2 10 42		
	·			T. C. C. C.		ATTA	CHME	ENT	
Principal Place of Business 545 HEALTH BLVD. DAYTONA BEACH, FL 32114		Mailing Address 545 HEALTH BLVD. DAYTONA BEACH, FL	32114		ک	00	05	09	0
2. Principal Place of Business		3. Mailing Address						***	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072006	Chg-P	CR2E	034 (11/05)	
City & State		City & State	1		4. FEI Number 59-3477199			plied For	
Zip Country		Zip	Country		 	of Status Desire	ed 🗆	\$8.75 Add	fitional
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of Ne	w Registered	Agent	
00111014	NAV // D. I		Name					_	
SCHICK, D 301 EAST SUITE 140	PINE STREET		Street	Address (P.O. Box Number is Not Acceptable)				
), FL 32801		[,	,					
			City				FI	Zip Code	θ
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or register	red agent, or bot	h, in the State o			and accept
	•								i
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent sign	nature required	when reinsta(ing)		DATE		
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10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO	OFFICERS AN	D DIRECTORS	\$ IN 11
TITLE	VP	☐ Delete	TITLE	VP	ц т.,	(با مم		Change	Addition
NAME STREET ADDRESS	•	REGAN, TERRENCE C 2 SUGAR MILL LANE FLAGLER BEACH FL 32136		We!	scott, John W. N. St. Andrews				
CITY-ST-ZIP	FLAGLER BEACH, FL. 32136						L 32174		
TITLE	VP	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	YOUNGMAN, ROBERT C								ĺ
STREET ADDRESS CITY-ST-ZIP	434 QUAY ASSISI NEW SMYRNA BEACH, FL 3216	20	STREET ADDRESS	3 [
ITILE	DST	Delete	TITLE	+-		_ 		Change	Addition
NAME	DINEEN, MARTIN K	C Delete	NAME						
STREET ADDRESS	12 SANDCASTLE		STREET ADDRESS	\$					į
CITY-ST-ZIP		ORMOND BEACH, FL 32176						Cl Change	☐ Addition
TITLE NAME	DP GRABLE, MICHAEL S	Delete	TITLE NAME					Change	Addition
STREET ADDRESS	695 LAKE WINNEMISSETT		STREET ADDRES	s					
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	<u> </u>					
TITLE			TUTE					Change	Addition
NAME STREET ADDRESS	Street to the small street		NAME STREET ADDRES	s					:
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119								
TITLE	DVP	Delete	TITLE					☐ Change	Addition
NAME	EPSTEIN, HOWARD B		NAME STREET ADDRES						į
STREET ADDRESS CITY-ST-ZIP	3718 PINE ST JACKSONVILLE, FL 32205	A	CITY-ST-ZIP	1					
ļ	<u> </u>	this filing does not qualify f		containe	d in Chapter 119), Florida Statut	es, i further ce	ertify that the in	nformation
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	yue and agrurate and that wereg to execute this repor	my signature sha t as required by C	I have the hapter 60	same legal effec 7, Florida Statute	t as if made un is; and that my	der oath; that name appears	am an officer in Block 10 or	or airector r Block 11 if