

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000096007

1. Entity Name
ATLANTIC UROLOGICAL ASSOCIATES, P.A.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 11:07

Principal Place of Business
545 HEALTH BLVD.
DAYTONA BEACH, FL 32114

Mailing Address
545 HEALTH BLVD.
DAYTONA BEACH, FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

10272006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3477199

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHICK, DAVID L
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME REGAN, TERENCE C
STREET ADDRESS 2 SUGAR MILL LANE
CITY-ST-ZIP FLAGLER BEACH, FL 32136

Delete

TITLE VP
NAME YOUNGMAN, ROBERT C
STREET ADDRESS 434 QUAY ASSISI
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

Delete

TITLE DST
NAME DINEEN, MARTIN K
STREET ADDRESS 12 SANDCASTLE
CITY-ST-ZIP ORMOND BEACH, FL 32176

Delete

TITLE DP
NAME GRABLE, MICHAEL S
STREET ADDRESS 695 LAKE WINNEMISSETT
CITY-ST-ZIP DELAND, FL 32724

Delete

TITLE VP
NAME CHOPRA, RAMESH
STREET ADDRESS 2301 S PALMETTO AVE
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

Delete

TITLE DVP
NAME EPSTEIN, HOWARD B
STREET ADDRESS 3718 PINE ST
CITY-ST-ZIP JACKSONVILLE, FL 32205

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P.
NAME Guido, Jay
STREET ADDRESS 34 Broadriver Rd.
CITY-ST-ZIP Ormond Beach, FL 32174

Change Addition

TITLE V.P.
NAME Hermansen, Dane
STREET ADDRESS 4 Broadriver Rd.
CITY-ST-ZIP Ormond Beach, FL 32174

Change Addition

TITLE V.P.
NAME Morrow, Bert
STREET ADDRESS 427 Pine Bluff
CITY-ST-ZIP Ormond Beach, FL 32174

Change Addition

TITLE V.P.
NAME Parr, Greg
STREET ADDRESS 2901 S. Atlantic Ave. PH101
CITY-ST-ZIP Daytona Beach Shores, FL 32118

Change Addition

400081771294
11/14/06--01068--025 *\$61.25

Change Addition

12. I hereby certify that the information supplied with this filing does 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 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:

Michael S. Grable, M.D. 10/27/06 (386) 239-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #