


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 11:07

DOCUMENT # P97000096007 1. Entity Name ATLANTIC UROLOGICAL ASSOCIATES, P.A.					
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	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REGAN, TERRENCE C 2 SUGAR MILL LANE FLAGLER BEACH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Guido, Jay 34 Broadriver Rd. Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNGMAN, ROBERT C 434 QUAY ASSISI NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Hermansen, Dane 4 Broadriver Rd. Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DINEEN, MARTIN K 12 SANDCASTLE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Morrow, Bert 427 Pine Bluff Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRABLE, MICHAEL S 695 LAKE WINNEMISSETT DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Parr, Greg 2901 S. Atlantic Ave. PH101 Daytona Beach Shores, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHOPRA, RAMESH 2301 S PALMETTO AVE SOUTH DAYTONA, FL 32119		400081771294 11/14/06--01068--025 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EPSTEIN, HOWARD B 3718 PINE ST JACKSONVILLE, FL 32205		400081771294 11/14/06--01068--025 **61.25		
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: _____ <i>Michael S. Grable, MD</i> 10/27/06 (386) 239-8500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					