

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90093 022 ***150.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04032007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3477199				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 <input type="checkbox"/> Delete 2 SUGAR MILL LANE FLAGLER BEACH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terrence C Regan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32 Audubon Lane Flagler Beach, FL 32136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNGMAN, ROBERT C <input type="checkbox"/> Delete 434 QUAY ASSISI NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wescott, John W. <input type="checkbox"/> Change <input type="checkbox"/> Addition Delete <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DINEEN, MARTIN K <input type="checkbox"/> Delete 12 SANDCASTLE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guido, Jay <input type="checkbox"/> Change <input type="checkbox"/> Addition Delete <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRABLE, MICHAEL S <input type="checkbox"/> Delete 695 LAKE WINNEMISSETT DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hermansen, Dane <input type="checkbox"/> Change <input type="checkbox"/> Addition Delete <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHOPRA, RAMESH <input type="checkbox"/> Delete 2301 S PALMETTO AVE SOUTH DAYTONA, FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morrow, Bert <input type="checkbox"/> Change <input type="checkbox"/> Addition Delete <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EPSTEIN, HOWARD B <input type="checkbox"/> Delete 3718 PINE ST JACKSONVILLE, FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parr, Greg <input type="checkbox"/> Change <input type="checkbox"/> Addition Delete <input checked="" type="checkbox"/>	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/4/7 Daytime Phone # _____		