

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096007

FILED
Mar 17, 2009
Secretary of State

Entity Name: ATLANTIC UROLOGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

545 HEALTH BLVD.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

545 HEALTH BLVD.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3477199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: REGAN, TERRENCE C
Address: 32 AUDUBON LN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP () Delete
Name: YOUNGMAN, ROBERT C
Address: 434 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DST () Delete
Name: DINEEN, MARTIN K
Address: 4 LOST CREEK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP () Delete
Name: GRABLE, MICHAEL S
Address: 695 LAKE WINNEMISSETT
City-St-Zip: DELAND, FL 32724

Title: VP () Delete
Name: CHOPRA, RAMESH
Address: 2301 S PALMETTO AVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: DVP () Delete
Name: EPSTEIN, HOWARD B
Address: 3718 PINE ST
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTIN K. DINEEN

VP

03/17/2009

Electronic Signature of Signing Officer or Director

Date