

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096007

Entity Name: ATLANTIC UROLOGICAL ASSOCIATES, P.A.

FILED
Jan 14, 2011
Secretary of State

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:

GRABLE, MICHAEL S
545 HEALTH BLVD
DAYTONA BEACH, FL 32114 US

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: MICHAEL S. GRABLE, M.D.

01/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: DANN, JEFFREY A
Address: 76 DEEP WOODS WAY
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

Title: VP
Name: WEISS, STEPHEN G II
Address: 340 HAMPTON HILLS CT
City-St-Zip: DEBARY, FL 32713

Title: VP
Name: MERRELL, MATTHEW M
Address: 116 RIVER LANE
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. GRABLE

DP

01/14/2011

Electronic Signature of Signing Officer or Director

Date