

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096007

FILED  
Jan 09, 2012  
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:**

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

**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:** BROWN, BENJAMIN T  
**Address:** 602 RIVERSIDE DR  
**City-St-Zip:** ORMOND BEACH, FL 32174

**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

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date