


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000030815</b> 1. Entity Name <b>FLORIDA UROLOGY ASSOCIATES, INC.</b>	
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Principal Place of Business <b>2509 PARTRIDGE DRIVE WINTER HAVEN, FL 33884-3033</b>	Mailing Address <b>PO BOX 1626 WINTER HAVEN, FL 33883-1626</b>
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**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3504566</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SHEL GREN, JOHN 2509 PARTRIDGE DRIVE WINTER HAVEN, FL 33884-3033</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  **John Shelgren President** DATE: **3/14/04**

(NOTE: Registered Agent signature required when retreating)

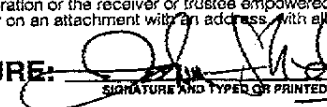
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVD SHEL GREN, JOHN 2509 PARTRIDGE DR WINTER HAVEN, FL 338843033</b>
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03/18/04-80039-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **John Shelgren President** DATE: **3/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR