

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030815

Entity Name: FLORIDA UROLOGY ASSOCIATES, INC.

FILED  
Jul 09, 2008  
Secretary of State

**Current Principal Place of Business:**

2509 PARTRIDGE DRIVE  
WINTER HAVEN, FL 338843033

**New Principal Place of Business:**

**Current Mailing Address:**

2509 PARTRIDGE DRIVE  
WINTER HAVEN, FL 338843033

**New Mailing Address:**

427 E CENTRAL AVENUE  
WINTER HAVEN, FL 33880

FEI Number: 59-3504566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHELGREN, JOHN MD  
2509 PARTRIDGE DRIVE  
WINTER HAVEN, FL 338843033 US

**Name and Address of New Registered Agent:**

SHELGREN, JOHN D MD  
2509 PARTRIDGE DRIVE  
WINTER HAVEN, FL 338843033 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: JOHN D SHELGREN MD

07/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVD ( ) Delete

Name: SHELGREN, JOHN

Address: 2509 PARTRIDGE DR

City-St-Zip: WINTER HAVEN, FL 338843033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVD (X) Change ( ) Addition

Name: SHELGREN, JOHN D MD

Address: 2509 PARTRIDGE DR

City-St-Zip: WINTER HAVEN, FL 338843033

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: JOHN D SHELGREN MD

PVD

07/09/2008

Electronic Signature of Signing Officer or Director

Date