

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037854

FILED
Jul 03, 2008
Secretary of State

Entity Name: GREENE UROLOGICAL CENTER, P.A.

Current Principal Place of Business:

308 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1210
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

308 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3570433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOHN E M.D.
308 PLAMETTO STREET
NEW SMYRNA BEACH, FL 32168 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

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: PD () Delete
Name: GREENE, JOHN E M.D.
Address: 308 PALMETTO ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN GREENE

PD

07/03/2008

Electronic Signature of Signing Officer or Director

Date