

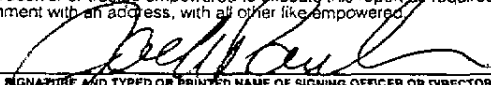


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000040215		
1. Entity Name ASSOCIATES FOR UROLOGY CARE OF OCALA, P.A.		
Principal Place of Business 1901 SE 18TH AVE 300 OCALA, FL 34471	Mailing Address 4056 NEWBERRY RD GAINESVILLE, FL 32607	
DO NOT WRITE IN THIS SPACE		
		01042005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3579412
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PAULK, JACK 1901 SE 18TH AVE SUITE 300 OCALA, FL 34471		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000214351 02/04/05-80008-024 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	D PAULK, JACK 1901 SE 18TH AVE SUITE 300 OCALA, FL 34471	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-26-05 <small>Date</small>