

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 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



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3579412	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PAULK, JACK  
STREET ADDRESS 1901 SE 18TH AVE SUITE 300  
CITY-ST-ZIP OCALA, FL 34471

TITLE VP  
NAME DERSCH, MARK  
STREET ADDRESS 1901 SE 18TH AVE SUITE 300  
CITY-ST-ZIP OCALA, FL 34471

TITLE T  
NAME TAUB, HARVEY  
STREET ADDRESS 1901 SE 18TH AVE SUITE 300  
CITY-ST-ZIP OCALA, FL 34471

TITLE S  
NAME RAO, DINESH  
STREET ADDRESS 1901 SE 18TH AVE SUITE 300  
CITY-ST-ZIP OCALA, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000786593  
01/17/08-80046-017 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK PAULK

01-13-08 352-351-1313

Date

Daytime Phone #