


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 017 ***158.75

DOCUMENT # P99000071437 1. Entity Name MIAMI UROLOGIC CLINIC, P.A.	
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Principal Place of Business 1845 SW 118 CT UNIT 85 MIAMI, FL 33175	Mailing Address PO BOX 446663 MIAMI, FL 33144 US 33194-1927 JAP
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40103002



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0938666	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEREZ, JOSE A 1845 SW 118 CT UNIT 85 MIAMI, FL 33175
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD PEREZ, JOSE AMADO 1845 SW 118 CT UNIT 85 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:  4-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MIAMI UROLOGIC CLINIC, P.A.

PHYSICAL ADDRESS

1845 SW 118TH COURT
UNIT 85
MIAMI, FL 33175-8739

MAILING ADDRESS

P. O. Box 941927
MIAMI, FL 33194-1927

APRIL 28TH, 2008

ATTACHMENT

40105984

#P99000071437

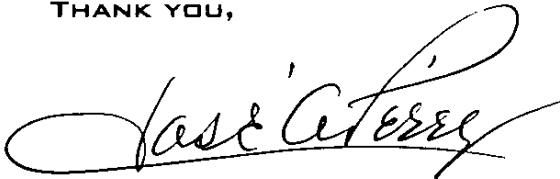
TO WHOM IT MAY CONCERN:

THIS IS A NOTIFICATION FOR A CHANGE OF THE MAILING ADDRESS OF
RECORD.

THE NEW MAILING ADDRESS IS:

MIAMI UROLOGIC CLINIC, P.A.
P. O. Box 941927
MIAMI, FLORIDA 33194-1927

THANK YOU,



JOSE AMADO PEREZ, MD

PRESIDENT