

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000072683

Entity Name: VANGUARD UROLOGY, P.A.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2261 N. UNIVERISTY DR., STE 202  
PEMBROKE PINES, FL 33024

## **New Principal Place of Business:**

2261 N. UNIVERISTY DR.  
STE. 202  
PEMBROKE PINES, FL 33024

## **Current Mailing Address:**

2261 N. UNIVERISTY DR., STE 202  
PEMBROKE PINES, FL 33024

## **New Mailing Address:**

2261 N. UNIVERISTY DR.  
SUITE 202  
PEMBROKE PINES, FL 33024

FEI Number: 65-0941242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ACCUPAY SERVICES CORP  
1776 N PINE ISLAND RD  
STE 216  
DAVIE, FL 33322 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

## **OFFICERS AND DIRECTORS:**

Title: DR  
Name: REYES, ANTONIO  
Address: 3430 WASHINGTON LANE  
City-St-Zip: COOPER CITY, FL 33026

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO REYES

D.R.

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date