2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2005
Secretary of State

DOCUMENT# P99000085813

Entity Name: BEACHES UROLOGY, P.A.

Current Principal Place of Business:

1370 13TH AVENUE
#121
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1370 13TH AVENUE
#115
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

3791 CRICKETT COVE ROAD E.
JACKSONVILLE, FL

New Mailing Address:

3791 CRICKETT COVE ROAD E.
JACKSONVILLE, FL 32224

FEI Number: 59-3645326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM, JOHN C
3791 CRICKETT COVE ROAD EASR
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

WILLIAM, JOHN C
3791 CRICKETT COVE ROAD EAST
JACKSONVILLE, FL 32224 US

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: JOHN CHANDLER WILLIAMS 09/14/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, JOHN C M.D.
Address: 3791 CRICKETT COVE ROAD E.
City-St-Zip: JACKSONVILLE, FL 32224

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 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 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 CHANDLER WILLIAMS D 09/14/2005
Electronic Signature of Signing Officer or Director Date