

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 27, 2011
Secretary of State

Entity Name: UROLOGY TREATMENT CENTER OF SOUTHWEST FLORIDA P.A.

Current Principal Place of Business:

1921 WALDEMERE ST., #310
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE ST., #310
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-0954166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARZELL, WINSTON E
1921 WALDEMERE ST., #310
SARASOTA, FL 34239 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: D,P
Name: BARZELL, WINSTON E
Address: 1921 WALDEMERE ST., #310
City-St-Zip: SARASOTA, FL 34239 US

Title: DV
Name: TREIMAN, ALAN
Address: 1921 WALDEMERE STREET, #310
City-St-Zip: SARASOTA, FL 34239 US

Title: DS
Name: BREGG, KENNETH
Address: 1921 WALDEMERE STREET, #310
City-St-Zip: SARASOTA, FL 34239 US

Title: DT
Name: GREEN, JOSHUA
Address: 1921 WALDEMERE STREET, #310
City-St-Zip: SARASOTA, FL 34239 US

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: WINSTON E BARZELL

DP

01/27/2011

Electronic Signature of Signing Officer or Director

Date