

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90028 020 ***150.00

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1. Entity Name
ROSS URWIN, M.D., P.A.



Principal Place of Business
1600 S. FEDERAL HIGHWAY
SUITE 200
POMPANO BEACH, FL 33062

Mailing Address
P O BOX 5267
LIGHTHOUSE POINT, FL 33074-5267

40100431



2. Principal Place of Business		3. Mailing Address		07062006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0962995	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
URWIN, ROSS M.D. NEUROSCIENCE CENTER - RM 125 -- 5757 N DIXIE HWY FORT LAUDERDALE, FL 33334		Name ROSS URWIN, M.D. Street Address (P.O. Box Number is Not Acceptable) 1600 S. FEDERAL HWY STE 200 City POMPANO BEACH, FL Zip Code 33062	

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 Ross Urwin M.D. Ross Urwin, M.D. DATE 7/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P URWIN, ROSS W 4001 NE 24 AVENUE LIGHTHOUSE POINT, FL 33065 - <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 5267 POMPANO BEACH, FL 33074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ross Urwin Ross Urwin, M.D. Date 7/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR