

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56427

FILED
Mar 01, 2011
Secretary of State

Entity Name: SPECIALISTS IN UROLOGY, P.A.

Current Principal Place of Business:

990 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

990 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0278793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGLESTHALER, WILLIAM M MD
990 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 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: P/T
Name: FIGLESTHALER, WILLIAM M MD
Address: 990 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: VP
Name: LUKE, STEVEN W MD
Address: 990 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: S
Name: GUREVITCH, EARL J MD
Address: 990 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: D
Name: D'ANGELO, MICHAEL F
Address: 990 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34102

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: WILLIAM FIGLESTHALER

P/T

03/01/2011

Electronic Signature of Signing Officer or Director

Date