



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90002 025 ***150.00

DOCUMENT # V49864 1. Entity Name GOLDCOAST UROLOGY, INC.					
Principal Place of Business 5305 GREENWOOD AVE S206 W PALM BCH, FL 33407 US			Mailing Address 5305 GREENWOOD AVE S206 W PALM BCH, FL 33407 US		
2. Principal Place of Business PO Box 14096 Suite, Apt. #, etc.		3. Mailing Address PO Box 14096 Suite, Apt. #, etc.			
City & State North Palm Beach, FL Zip 33408 Country		City & State North Palm Beach, FL Zip 33408 Country		01262006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0351039				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BROBERG, GUSTAVE T. JR. 223 PERUVIAN AVE. PALM BEACH, FL 33480	
7. Name and Address of New Registered Agent Name Arthur Jaffe, CFA Street Address (P.O. Box Number is Not Acceptable) 3107 Stirling Rd. Suite 201 City Ft. Lauderdale FL Zip Code 33312				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 <u><i>Arthur Jaffe</i></u> DATE <u>2/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSER, MARY 5305 GREENWOOD AVE, STE 206 WEST PALM BEACH, FL 33407	<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	D D'ANGELO, JOSEPH V., DR. 5305 GREENWOOD AVE, STE 206 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Mary Huser</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/11/06</u> Daytime Phone # <u>561-371-5136</u>		