


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90008 020 \*\*\*150.00

<b>DOCUMENT # V49864</b> 1. Entity Name <b>GOLDCOAST UROLOGY, INC.</b>			
Principal Place of Business <b>P.O. BOX 14096 NORTH PALM BEACH FL 33408 US</b>		Mailing Address <b>P.O. BOX 14096 <del>3206</del> NORTH PALM BEACH FL 33408 US</b>	
2. Principal Place of Business - No P.O. Box # <b>11830 Lakeshore PL</b>		3. Mailing Address <b>PO BOX 14096</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>North Palm Beach, FL</b>		City & State <b>North Palm Beach, FL</b>	
Zip <b>33408</b>	Country <b>US</b>	Zip <b>33408</b>	Country
6. Name and Address of Current Registered Agent  <b>JAFFE, ARTHUR CPA 3107 STIRLING RD STE 201 FORT LAUDERDALE FL 33312</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete <b>D HUSER, MARY 5305 GREENWOOD AVE, STE 206 WEST PALM BEACH FL 33407</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HUSER, Mary 11830 Lakeshore PL North Palm Beach, FL 33408</b>
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 Section 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.			
<b>SIGNATURE:</b> <i>Joseph V. D'Angelis</i>		Date: <i>2/18/08</i> Dayside Phone: <i>561-3461193</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			