


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # V65498 , 1. Entity Name UROLOGY TREATMENT CENTERS INC.	
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Principal Place of Business % PATRICK T. HUNTER II 100 WEST GORE ST., SUITE 405 ORLANDO, FL 32806	Mailing Address % PATRICK T. HUNTER II 100 WEST GORE ST., SUITE 405 ORLANDO, FL 32806
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01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2904967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUNTER, PATRICK T., II 100 WEST GORE ST. SUITE 405 ORLANDO, FL 32806
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UUUUUUUU85178 03/11/04-80037-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNTER, PATRICK T., II 100 W. GORE ST., STE 405 ORLANDO, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **3/4/04** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #