

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 571839

Entity Name: PANAMA CITY UROLOGICAL CENTER, P.A.**Current Principal Place of Business:**80 DOCTORS DR
PANAMA CITY, FL 32405**Current Mailing Address:**80 DOCTORS DR
PANAMA CITY, FL 32405**FEI Number:** 59-1822901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAMOS, CARLOS E DR.
80 DOCTORS DR
PANAMA CITY, FL 32405 US*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:** CARLOS E. RAMOS

03/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	RAMOS, CARLOS E DR.
Address	80 DOCTORS DR
City-State-Zip:	PANAMA CITY FL 32405

Title	V
Name	HEALEY, DENIS E DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL

Title	S
Name	BEISWANGER, JAY C DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL 32405

Title	S
Name	EISENBROWN, JEANNE N DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL 32405

Title	S
Name	JENKINS, MICHAEL A DR.
Address	80 DOCTORS DRIVE
City-State-Zip:	PANAMA CITY FL 32405

Title	DIRECTOR
Name	QUILLIN, RENEE B DR.
Address	80 DOCTORS DR
City-State-Zip:	PANAMA CITY FL 32405

Title	DIRECTOR
Name	TRUPP, JEFFERSON M DR.
Address	80 DOCTORS DR
City-State-Zip:	PANAMA CITY FL 32405

Title	DIRECTOR
Name	HITT, WARREN T DR.
Address	80 DOCTORS DR
City-State-Zip:	PANAMA CITY FL 32405

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: CARLOS E. RAMOS

P

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date