

**2017 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

01/09/2017

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 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 RAMOS

P

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date