

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601811

**FILED**  
**Apr 26, 2013**  
**Secretary of State**  
**CC0117718021**

**Entity Name:** WINTER PARK UROLOGY ASSOCIATES, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

1812 NORTH MILLS AVE  
ORLANDO, FL 32803

**Current Mailing Address:**

1812 NORTH MILLS AVE  
ORLANDO, FL 32803

**FEI Number: 59-1277954**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THILL, JEFFREY R  
1812 NORTH MILLS AVE  
ORLANDO, FL 32803 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name PATEL, RAKESH C  
Address 1812 NORTH MILLS AVE  
City-State-Zip: ORLANDO FL 32803

Title P/D  
Name CANGIANO, THOMAS G  
Address 1812 NORTH MILLS AVE.  
City-State-Zip: ORLANDO FL 32803

Title S/D  
Name JABLONSKI, DAVID H  
Address 1812 NORTH MILLS AVE.  
City-State-Zip: ORLANDO FL 32803

Title T/D  
Name BRADY, JEFFREY D  
Address 1812 NORTH MILLS AVENUE  
City-State-Zip: ORLANDO FL 32803

Title AS/D  
Name RIVERA, INOEL  
Address 1812 N MILLS AVE  
City-State-Zip: ORLANDO FL 32803

Title AS/D  
Name VAUGHAN, DAVID JJR.  
Address 1812 NORTH MILLS AVE.  
City-State-Zip: ORLANDO FL 32803

*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: RAKESH C. PATEL**

**P**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date