

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061785

Entity Name: CITRUS UROLOGY CENTER, INC.**Current Principal Place of Business:**3075 W GULF TO LAKE HWY
LECANTO, FL 34461**Current Mailing Address:**PO BOX 1420
LECANTO, FL 34461 US**FEI Number:** 59-3387636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESAUTEL, MICHAEL GMD
609 W. HIGHLAND BLVD.
INVERNESS, FL 34452 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
Name	DESAUTEL, MICHAEL G
Address	609 W HIGHLAND BLVD.
City-State-Zip:	INVERNESS FL 34452

Title	D
Name	KUMAR, UDAYA
Address	3475 S SUNCOAST BLVD.
City-State-Zip:	HOMOSASSA SPRINGS FL 34448

Title	D
Name	DESAI, PARESH G
Address	3475 S SUNCOAST BLVD.
City-State-Zip:	HOMOSASSA SPRINGS FL 34448

Title	D
Name	SANON, ASHISH MD
Address	3475 S SUNCOAST BLVD. SUITE A
City-State-Zip:	LECANTO FL 34465

Title	D
Name	SENERIZ, MANUEL
Address	609 W HIGHLAND BLVD.
City-State-Zip:	INVERNESS FL 34452

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: DESAUTEL , MICHAEL G**OFFICER/PRESIDENT****01/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date