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Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 601172 (0)

1. Corporation Name

NISONSON, COHEN, MADORSKY & PINON UROLOGY CENTER  
OF SOUTH FLORIDA, P.A.

Principal Place of Business

7800 SW 87 AVENUE  
#C350  
MIAMI FL 33173

Mailing Address

7800 SW 87 AVENUE  
#C350  
MIAMI FL 33173-3570



3. Date Incorporated or Qualified  
07/01/1969

3a. Date of Last Report  
06/28/1996

4. FEI Number

59-1265799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

NISONSON, IAN  
7800 SW 87AVE  
C350  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS        | CITY - ST - ZIP |
|-------|------------------|-----------------------|-----------------|
| P     | NISONSON, IAN    | 7800 SW 87 AVE / C350 | MIAMI FL        |
| VP    | COHEN, WILLIAM   | 7800 SW 87 AVE C350   | MIAMI FL        |
| T     | MADORSKY, MARTIN | 7800 SW 87 AVE        | MIAMI FL        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE                                                                            | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
|--------------------------------------------------------------------------------------|----------|--------------------|---------------------|
| 2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| 3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td> | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| 4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP</td> | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| 5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| 6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY - ST - ZIP</td> | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Date

*[Signature]*  
Daytime Phone

CR2E034 (9/96)