2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90076 027 ***150.00

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DOCUMENT # 601172

1. Entity Name
COHEN, MADORSKY, PINON & SANTA CRUZ UROLOGY CENTER OF SOUTH FLORIDA, P.A.

90004524

Principal Place of Business	Mailing Address
7800 SW 87 AVENUE #C350 MIAMI FL 33173	7800 SW 87 AVENUE #C350 MIAMI FL 33173

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7400 SW 87th Ave,	7400 SW 87th Avenue
Suite, Apt. #, etc.: Suite 240	Suite, Apt. #, etc.: 240
City & State: Miami, FL	City & State: Miami, FL
Zip: 33173 Country: USA	Zip: 33173 Country: USA

4. FEI Number 59-1265799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MADORSKY, MARSHA ESQ
100 SE 2ND STREET
SUITE 4000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NISONSON, IAN 7800 SW 87 AVE / C350 MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COHEN, WILLIAM 7800 SW 87 AVE C350 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, WILLIAM 7400 SW 87th Avenue, #240 Miami, Florida 33173 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MADORSKY, MARTIN 7800 SW 87 AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T MADORSKY, MARTIN 7400 S.W. 87th Avenue, #240 Miami, Florida 33173 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Avelino Pinon	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINON, AVELINO 7400 S.W. 87th Avenue, #240 Miami, Florida 33173 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTA CRUZ, CARLOS 7400 SW 87th Avenue, #240 Miami, Florida 33173 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 305-2706010 1/9/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #