

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 16 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F25827** (9)
1. Corporation Name
**BARZELL, WHITMORE, TREIMAN & BREGG UROLOGY CONSU
LTANTS, P.A.**

Principal Place of Business
**2130 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address
**1821 WALDEMERE ST.
SUITE #310
SARASOTA FL 34239-2941
US**

3. Date Incorporated or Qualified
03/18/1981

3a. Date of Last Report
02/16/1996

2. Principal Place of Business
21 **1921 WALDEMERE ST.**
Suite, Apt. #, etc.
22 **#310**
City & State
23 **SARASOTA, FL**
Zip
24 **34239** Country
25

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

4. FEI Number
59-2066341

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

9. Name and Address of Current Registered Agent

**BARZELL, WINSTON E
2130 S TAMiami TR
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature: typed or printed name of registered agent and filer, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD BARZELL, WINSTON E.**

STREET ADDRESS **2130 S. TAMiami TRAIL**

CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **VP TREIMAN, M.D. A**

STREET ADDRESS **1921 WALDEMERE ST., SUITE #310**

CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

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 199.07(3)(i), Florida Statutes, and 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:

Winston Barzell

Jan 9, 1997

CR2E034 (9/96)