

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H78560 (0)**

1. Corporation Name

~~STEVEN J. VARADY, M.D., P.A.~~  
**VARADY AND WEINSTEIN UROLOGY, P.A.**

Principal Place of Business  
470 S. COUNTRY CLUB DR.  
ATLANTIS FL 33462

Mailing Address  
470 S. COUNTRY CLUB DR.  
ATLANTIS FL 33462

APPROVED  
AND  
FILED  
25 MAY - 1 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	10/01/1985	02/09/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-2581743	Not Applicable
24	25	29	30	5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

VARADY, STEVEN J., M.D.  
470 S. COUNTRY CLUB DR.  
ATLANTIS FL 33462

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 1506, 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 provisions of Section 607 0505, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12	NAME	
STREET ADDRESS	13	STREET ADDRESS	
CITY, ST, ZIP	14	CITY, ST, ZIP	
TITLE	21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22	NAME	
STREET ADDRESS	23	STREET ADDRESS	
CITY, ST, ZIP	24	CITY, ST, ZIP	
TITLE	31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32	NAME	
STREET ADDRESS	33	STREET ADDRESS	
CITY, ST, ZIP	34	CITY, ST, ZIP	
TITLE	41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42	NAME	
STREET ADDRESS	43	STREET ADDRESS	
CITY, ST, ZIP	44	CITY, ST, ZIP	
TITLE	51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52	NAME	
STREET ADDRESS	53	STREET ADDRESS	
CITY, ST, ZIP	54	CITY, ST, ZIP	
TITLE	61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62	NAME	
STREET ADDRESS	63	STREET ADDRESS	
CITY, ST, ZIP	64	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]*  
DATE: 4/21/95  
CUSTOMER NUMBER: 964-1607