

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H78560** (0)

1. Corporation Name
VARADY & 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**

3. Date Incorporated or Qualified: **10/01/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2581743**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
9. Name and Address of Current Registered Agent: **VARADY, STEVEN J., M.D. 470 S. COUNTRY CLUB DR. ATLANTIS FL 33462**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

11. Pursuant to the provisions of Sections 602.002 and 607.15(9), Florida Statutes, I, the undersigned, do hereby certify that the information supplied herein is true and correct 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 I accept the obligations of, Section 607.0035, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:
1. TITLE: **PV** DELETE
NAME: **VARADY, STEVEN J., M.D.**
STREET ADDRESS: **470 S. COUNTRY CLUB DR.**
CITY-STATE-ZIP: **ATLANTIS FL**
2. TITLE: **S** DELETE
NAME: **WEINSTEIN, DAVID M.D.**
STREET ADDRESS: **114 JFK DRIVE**
CITY-STATE-ZIP: **ATLANTIS**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
1. TITLE: _____ Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY-STATE-ZIP: _____ Change Addition
5. TITLE: _____ Change Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY-STATE-ZIP: _____ Change Addition
9. TITLE: _____ Change Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY-STATE-ZIP: _____ Change Addition

14. I do hereby certify that the information supplied herein is being filed voluntarily, fully and in good faith, for the reasons stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or successor annual report to be filed on or after the date of this signature shall have the same legal effect as if made under oath. This is an officer or director of the corporation and the signature of an officer or director is required by section 119.07(3)(g), Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached schedule, as indicated.

SIGNATURE: *(Signature)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **(VARADY)**

4/17/96 707-964-1607

CR2E034 (12/95)