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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| UROLOGY CENTER OF SOUTH incipal Place of Business 1325 SOUTH CONGRESS AVENUE | | | Mailing Addre | ess | SS AVENUE | | | | | | | |
|--|--|--|--|--|--|---|----------------------------------|--|---------------------------|---|-------------------------------------|---|
| BOYNTON BEACH FL 33426 | | | BOYNTON | | | | | | | | | |
| | | | | | | | 3. | Date Incorporated or 07/06/1987 | Qualified | 3a. Date | | |
| | lace of Business | | 2a. Mailing Ad | idress | | | 4. | FEI Number | | <u> </u> | 2/01/19 | Applied For |
| Suite Ant | Suite, Apt. #, etc. Dity & State | | 26 Suite, Apt. #, etc. 27 City & State | | | | 59-2821164 | | | ļ | Not Applicat | |
| Some, April | | | | | | 5. | 5. Certificate of Status Desired | | | | \$8.75 Additional | |
| City & Stat | | | | | | 6. 1 | 6. Election Campaign Financing | | | Fee Required \$5.00 May B | | |
| 7.00 | | | 28 | | | | | Trust Fund Contribut | | | | ed to Fees |
| Zip | Cour 25 | try | Zip 29 | | Countr 30 | ry | | This corporation has | | | x under s | s 199.032, |
| | 9. Name and Add | ress of Curren | | nt | 130 | | | lorida Statutes Name and Address | _ | Begistered | teen | |
| | | | | | 8 | 1 Name | | | | 108.010.00 | - Tyonii | |
| LAVENDOR, JOEL | | | 82 Street | | | Address (P.C |). Box Number is No | t Acceptat | ole) | | | |
| 507 SOUTHEAST 11TH CT FT LAUDERDALE FL 33316 | | | | | 8: | | | | | • | | |
| I I LAU | DEUDATE LE 33310 | | | | | | | | | | | |
| | | | | | 84 | 4 City | | | | FI | 1 1 | ip Code |
| | | | | | ; | 1 | | | | | | |
| Pursuant ocreoister | to the provisions of Secret agent, or both, in the | tions 607,0502 | and 607.1508, Flor | rida Statute | es, the above | named co | prporation sul | ornits this statement | for the pur | | nging its | registered off |
| . Pursuant or register familiar wi | to the provisions of Sec red agent, or both, in th ith, and accept the obliq | tions 607,0502 e State of Florid pations of, Secti | and 607.1508, Floo da. Such change wa ion 607.0505, Floric | rida Stalute as authorize la Statutes. | es, the above ed by the corp | named co poration's | prporation sul board of dire | ornits this statement actors. I hereby acce | for the pur pt the app | | nging its registere | registered off d agent. I am |
| familiar wi | ith, and accept the obliq | ations of, Secti | ion 607.0505, Florid | la Statutes. | | porations | DOGIO OF CIFE | ctors. Thereby accep | for the pur pt the app | | nging its registere | registered off d agent. I am |
| familiar wi GNATURE | ith, and accept the oblig Squature typed to protect nati | gations of, Secti | ion 607.0505, Florid | la Statutes. | TE: Registered Age | porations | Equired when remains | stating) | pt the app | rpose of cha ointment as | registere | d agent. I am |
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SIGNATURE:

3/29/96 (407) 787-9191