

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J81641

1. Entity Name

UROLOGY CENTER OF SOUTH FLORIDA, P.A.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90112 047 ***150.00

Principal Place of Business

Mailing Address

1325 SOUTH CONGRESS AVENUE
BOYNTON BEACH FL 33426

1325 SOUTH CONGRESS AVENUE
BOYNTON BEACH FL 33426-5876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2821164

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, ROBERT MD
1325 SO. CONGRESS AVE #111
BOYNTON BEACH FL 33426

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SKINNER, WILLIAM K. MD**
STREET ADDRESS **9794 NICKELS BLVD, SUITE 802**
CITY-ST-ZIP **BOYNTON FL**

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **GOLD, ROBERT G. MD**
STREET ADDRESS **6720 S GRANDE DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BIASL, JOSEPH N**
STREET ADDRESS **20889 ESCUDO DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition
NAME **BIASE, JOSEPH N-M.D.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **F** ☐ Delete
NAME **FLACK, CHARLES E. M.D.**
STREET ADDRESS **1325 SOUTH CONGRESS AVENUE #111**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **D** ☐ Change ☒ Addition
NAME **FLACK, CHARLES E. M.D.**
STREET ADDRESS **1325 SOUTH CONGRESS AVENUE #111**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **D** ☐ Delete
NAME **POPOWITZ, STUART M. M.D.**
STREET ADDRESS **1325 SOUTH CONGRESS AVE #111**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **D** ☐ Change ☒ Addition
NAME **POPOWITZ, STUART M. M.D.**
STREET ADDRESS **1325 SOUTH CONGRESS AVE #111**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Gold MD

Date

1-18-00

Daytime Phone #

CR2E034 (9/99)