

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # J81641**1. Entity Name
UROLOGY CENTER OF SOUTH FLORIDA, P.A.Principal Place of Business
1325 SOUTH CONGRESS AVENUE
BOYNTON BEACH FL 33426
Mailing Address
1325 SOUTH CONGRESS AVENUE
BOYNTON BEACH FL 334262. Principal Place of Business
1325 SOUTH CONGRESS AVENUE
3. Mailing Address
1325 SOUTH CONGRESS AVENUESuite, Apt. #, etc.
SUITE 111
Suite, Apt. #, etc.
SUITE 111City & State
BOYNTON BEACH FL
City & State
BOYNTON BEACH FLZip
33426
Country
Zip
33426
Country4. FEI Number
59-2821164
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGOLD ROBERT MD
1325 SO. CONGRESS AVE #111
BOYNTON BEACH FL 33426**7. Name and Address of New Registered Agent**Name
MONAGHAN TIMOTHY EESQ.
Street Address (P.O. Box Number is Not Acceptable)
54 N.E. 4TH AVENUE
City
DELRAY BEACH FL Zip Code
33483

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 **TIMOTHY E. MONAGHAN****01/15/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☒ Delete
NAME POPOWITZ STUART MMD.
STREET ADDRESS 1325 SOUTH CONGRESS AVE #111
CITY-ST-ZIP BOYNTON BEACH FL 33426TITLE D ☐ Delete
NAME FLACK CHARLES EMD.
STREET ADDRESS 1325 SOUTH CONGRESS AVE #111
CITY-ST-ZIP BOYNTON BEACH FL 33426TITLE T ☐ Delete
NAME BIASE JOSEPH NMD.
STREET ADDRESS 20889 ESCUDO DR
CITY-ST-ZIP BOCA RATON FL 33433TITLE P ☐ Delete
NAME GOLD ROBERT G. MD
STREET ADDRESS 6720 S GRANDE DR
CITY-ST-ZIP BOCA RATON FL 33433TITLE D ☐ Delete
NAME SKINNER WILLIAM K. MD
STREET ADDRESS 9794 NICKELS BLVD, SUITE 802
CITY-ST-ZIP BOYNTON FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME POPOWITZ STUART MMD.
STREET ADDRESS 1325 SOUTH CONGRESS AVE #111
CITY-ST-ZIP BOYNTON BEACH FL 33426TITLE T,D ☒ Change ☐ Addition
NAME BIASE JOSEPH NMD.
STREET ADDRESS 1325 SOUTH CONGRES AVE., #111
CITY-ST-ZIP BOYNTON BEACH FL 33426TITLE P,D ☒ Change ☐ Addition
NAME GOLD ROBERT GMD.
STREET ADDRESS 1325 SOUTH CONGRES AVE., #111
CITY-ST-ZIP BOYNTON BEACH FL 33426TITLE D ☒ Change ☐ Addition
NAME SKINNER WILLIAM K. MD
STREET ADDRESS 1325 SOUTH CONGRES AVE., #111
CITY-ST-ZIP BOYNTON BEACH FL 33426TITLE ☐ 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 address, with all other like empowered.

SIGNATURE: Robert G. Gold, M.D.

P

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)