2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 08:00 AM
Secretary of State

DOCUMENT # **J81641**

1. Entity Name
UROLOGY CENTER OF SOUTH FLORIDA, P.A.

Principal Place of Business	Mailing Address
1325 SOUTH CONGRESS AVENUE SUITE 111 BOYNTON BEACH FL 33426	1325 SOUTH CONGRESS AVENUE SUITE 111 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **59-2821164** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONAGHAN TIMOTHY EESQ.
54 N.E. 4TH AVENUE

DELRAY BEACH FL
33483

7. Name and Address of New Registered Agent

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 _____ **01/19/2001**
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D POPOWITZ STUART MM.D. 1325 SOUTH CONGRESS AVE #111 BOYNTON BEACH FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T,D POPOWITZ STUART MM.D. 1325 SOUTH CONGRESS AVE #111 BOYNTON BEACH FL 33426	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T,D BIASE JOSEPH NM.D. 1325 SOUTH CONGRES AVE., #111 BOYNTON BEACH FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,D BIASE JOSEPH NM.D. 1325 SOUTH CONGRES AVE., #111 BOYNTON BEACH FL 33426	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D GOLD ROBERT GM.D. 1325 SOUTH CONGRES AVE., #111 BOYNTON BEACH FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKINNER WILLIAM K. MD 1325 SOUTH CONGRES AVE., #111 BOYNTON BEACH FL 33426	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,D SKINNER WILLIAM KM.D. 1325 SOUTH CONGRES AVE., #111 BOYNTON BEACH FL 33426	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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 01/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #