

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P94000008957 (0)**
 1. Corporation Name

UROLOGY HEALTH SERVICES, INC.



Principal Place of Business: **3982 BEE RIDGE ROAD BUILDING H SUITE J SARASOTA FL 34233**
 Mailing Address: **3982 BEE RIDGE ROAD BUILDING H SUITE J SARASOTA FL 34233**

3. Date Incorporated or Qualified: **01/24/1994**
 3a. Date of Last Report: **08/23/1995**
 4. FEI Number: **65-0473858**
 Applied For: Not Applicable
 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: **3982 BEE RIDGE RD.**
 Suite, Apt. #, etc: **Bldg. H Suite H**
 City & State: **SARASOTA FLA**
 Zip: **34233** Country: **USA**
 2a. Mailing Address: **3982 BEE RIDGE RD.**
 Suite, Apt. #, etc: **Bldg. H Suite H**
 City & State: **SARASOTA FLA**
 Zip: **34233** Country: **USA**

9. Name and Address of Current Registered Agent

**PELFREY, ROBERT J
 3982 BEE RIDGE ROAD
 BUILDING H- STE J
 SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement 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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert J. Pelfrey
 Signature of principal or person named as registered agent and the applicable:

(NOTE: Registered Agent signature required when listed in 11)

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PVST	<input type="checkbox"/>
NAME	PELFREY, ROBERT J	
STREET ADDRESS	3982 BEE RIDGE ROAD, H-7	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	V. President / Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	PELFREY, Robert J.		
13 STREET ADDRESS	3982 Bee Ridge Rd Suite H		
14 CITY-ST-ZIP	SARASOTA FLA 34233		
21 TITLE	Pres/bee/Treasurer / Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	Patricia M. Pelfrey		
23 STREET ADDRESS	3982 Bee Ridge Rd. Suite H		
24 CITY-ST-ZIP	SARASOTA, FLA 34233		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Robert J. Pelfrey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RJ Pelfrey Vice President 7-7-96
 DATE

941-921-9026
 DAYTIME PHONE #

CR2E034 (3/96)