

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000060304 (0)

1. Corporation Name

FLORIDA UROLOGICAL NETWORK, INC.



Principal Place of Business: PALMETTO MEDICAL PLAZA, SUITE 602, 7100 W. 20TH AVE., HIALEAH FL 33016
Mailing Address: PALMETTO MEDICAL PLAZA, SUITE 602, 7100 W. 20TH AVE., HIALEAH FL 33016

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0585186
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: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent
PROFESSIONAL REGISTERED AGENT CORP.
100 SE 2ND ST.
SUITE 2800
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Professional Registered Agent Corp.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 2350
83 200 South Biscayne Boulevard
84 City: Miami, Florida FL 85 Zip Code: 33131

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, 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Handwritten Signature] 5/15/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMALL, MICHAEL P M.D.	
STREET ADDRESS	7100 W. 20TH AVE., SUITE 602	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Rafael V. Mora, M.D.	
STREET ADDRESS	c/o Palmetto Medical Plaza 7100 W. 20th Ave., Suite 602	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	D/VP	<input type="checkbox"/> DELETE
NAME	Jose G. Barreau, M.D.	
STREET ADDRESS	c/o Palmetto Medical Plaza 7100 W. 20th Ave., Suite 602	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	Paul E. Tocci, M.D.	
STREET ADDRESS	c/o Palmetto Medical Plaza 7100 W. 20th Ave., Suite 602	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	D/VP	<input type="checkbox"/> DELETE
NAME	Murray G. Goldberg, M.D.	
STREET ADDRESS	c/o Palmetto Medical Plaza 7100 W. 20th Ave., Suite 602	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	Bruce E. Witta, M.D.	
STREET ADDRESS	c/o Palmetto Medical Plaza 7100 W. 20th Ave., Suite 602	
CITY-ST-ZIP	Hialeah, FL 33016	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(a) 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [Handwritten Signature] X 5-15-96 X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)