

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000100234 (9)**

1. Corporation Name  
**ALL FLORIDA UROLOGY ASSOCIATES, INC.**



Principal Place of Business	Mailing Address
<b>111 SECOND AVENUE, N.E. SUITE 1201 ST. PETERSBURG FL 33701</b>	<b>111 SECOND AVENUE, N.E. SUITE 1201 ST. PETERSBURG FL 33701-3443</b>

3. Date Incorporated or Qualified <b>12/11/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3416928</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**TUSHINSKI, WILLIAM H  
 111 SECOND AVENUE, N.E.  
 SUITE 1201  
 ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b> <input type="checkbox"/> DELETE
NAME	<b>Emilio F. Lastarria, M.D.</b>
STREET ADDRESS	<b>111 2nd Ave. N.E., Ste. 1201</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
TITLE	<b>V/D</b> <input type="checkbox"/> DELETE
NAME	<b>J.M. Zachary, M.D.</b>
STREET ADDRESS	<b>111 2nd Ave. N.E., Ste. 1201</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
TITLE	<b>T/D</b> <input type="checkbox"/> DELETE
NAME	<b>David Jacob, M.D.</b>
STREET ADDRESS	<b>111 2nd Ave. N.E., Ste. 1201</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
TITLE	<b>S/D</b> <input type="checkbox"/> DELETE
NAME	<b>Pavitar S. Cheema</b>
STREET ADDRESS	<b>111 2nd Ave. N.E., Ste. 1201</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>William H. Tushinski</b>
STREET ADDRESS	<b>111 2nd Ave. N.E., Ste. 1201</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *William H. Tushinski* 5/12/97 89C-4600

CR2E034 (9/96)