FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 603051 (4)

1. Corporation Name
SARASOTA UROLOGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1921 WALDEMERE ST SUTIE 504 SARASOTA FL 34239 US	1921 WALDEMERE ST SUITE 504 SARASOTA FL 34239 US

3. Date Incorporated or Qualified: 08/25/1971
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-1357110 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELCH, JOHN D 1762 HAWTHORNE STREET SARASOTA, FL 34239	81 Name: James W. Demler 82 Street Address (P.O. Box Number Is Not Acceptable): 1921 Waldemere St., Ste. 504 83 84 City: Sarasota FL 85 Zip Code: 34239

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President ☒ Change ☐ Addition
NAME	WELCH, JOHN D	1.2 NAME	James W. Demler
STREET ADDRESS	1762 HAWTHORNE ST	1.3 STREET ADDRESS	1921 Waldemere St., Ste. 504
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	Sarasota, Fl. 34239
TITLE	VPD	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	DEMLER, JAMES W.	2.2 NAME	Thomas H. Williams
STREET ADDRESS	1762 HAWTHORNE ST.	2.3 STREET ADDRESS	1921 Waldemere St., Ste. 504
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Fl. 34239
TITLE	S	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	WILLIAMS, THOMAS H	3.2 NAME	John D. Welch
STREET ADDRESS	1762 HAWTHORNE ST	3.3 STREET ADDRESS	1921 Waldemere St., Ste. 504
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, Fl. 34239
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 1-12-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344271 CP