[redacted]

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 600005

1. Entity Name
UROLOGICAL ASSOCIATES OF SOUTH FLORIDA, P.A.

Principal Place of Business	Mailing Address
8940 SW 88TH ST SUITE 602E MIAMI, FL 33176 US	8940 SW 88TH ST SUITE 602E MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE

08172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0937648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACKLER, MELVIN
8940 SW 88TH ST
SUITE 602E
MIAMI, FL 33176

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	DANI, PAPIR M
STREET ADDRESS	8940 SW 88TH ST SUITE 602E
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	PD
NAME	MACKLER, MELVIN
STREET ADDRESS	8940 SW 88TH ST SUITE 602E
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	S
NAME	DAVI, RICHA
STREET ADDRESS	8940 N KENDALL DR STE 602E
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/24/04-80001-003 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Mackler 8/17/04 305-598-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MELVIN MACKLER