

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

**FILED**

**Apr 01 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 # 374435**

**(6)**

**1. Corporation Name  
AMERICAN UROLOGICALS, INC.**



**Principal Place of Business  
7881 HOLLYWOOD BLVD.  
SUITE 4  
PEMBROKE PINES FL 33024**

**Mailing Address  
7881 HOLLYWOOD BLVD.  
SUITE 4  
PEMBROKE PINES FL 33024-6823**

**3. Date Incorporated or Qualified 12/22/1970**      **3a. Date of Last Report 03/12/1996**

**2. Principal Place of Business**  
21 **10031 PINES BLVD.**  
Suite, Apt. #, etc.

**2a. Mailing Address**  
26 **10031 PINES BLVD**  
Suite, Apt. #, etc.

**4. FEI Number 59-1309382**      **Applied For Not Applicable**

**22 216**  
City & State

**27 216**  
City & State

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

**23 PEMBROKE PINES**  
Zip Country

**28 PEMBROKE PINES**  
Zip Country

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**24 33024**

**29 33024**

**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**

**LUND, MARVIN  
7881 HOLLYWOOD BLVD.  
PEMBROKE PINES FL 33024**

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

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

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>LUND, MARVIN</b>	
<b>STREET ADDRESS</b>	<b>7881 HOLLYWOOD BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>PEMBROKE PINES FL</b>	
<b>TITLE</b>	<b>STD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>LUND, MIRIAM</b>	
<b>STREET ADDRESS</b>	<b>7881 HOLLYWOOD BLVD.</b>	
<b>CITY-ST-ZIP</b>	<b>PEMBROKE PINES FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>1.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	<b>10031 PINES BLVD #216</b>
<b>1.4 CITY-ST-ZIP</b>	<b>33024</b>
<b>2.1 TITLE</b>	<b>VSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	<b>10031 PINES BLVD #216</b>
<b>2.4 CITY-ST-ZIP</b>	<b>33024</b>
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ **MIRIAM LUND**      **3-5-97** (954) 438-5070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day, mo File #

CR2E034 (9/96)