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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



2. Principal Place of Business
21 10031 PINES BLVD.
Suite, Apt. #, etc.
22 216
City & State
23 PEMBROKE PINES
Zip Country
24 33024 25
2a. Mailing Address
26 10031 PINES BLVD
Suite, Apt. #, etc.
27 216
City & State
28 PEMBROKE PINES
Zip Country
29 33024 30

3. Date Incorporated or Qualified
12/22/1970
3a. Date of Last Report
03/12/1996
4. FEI Number
59-1309382
Applied For
Not Applicable
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

LUND, MARVIN
7881 HOLLYWOOD BLVD.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10031 PINES BLVD #216
1.4 CITY-ST-ZIP	33024
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VSTD
2.3 STREET ADDRESS	10031 PINES BLVD #216
2.4 CITY-ST-ZIP	33024
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRIAM LUND

3-5-97 (954) 438-5070

Date

Day, mo Phone #

CR2E034 (9/96)