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CORPORATION ANNUAL REPORT



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

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DOCUM Corporation I	NENT #	496756	(8)					
UROLOG	SIC SPECIAL	ISTS, P.A.						A: 6: 1 A: E: 1 (BE)
Principal Place o	of Business		Mailing Address				BIEL BIDIL DIDIL BIBIL BIBE	\$1\$11 B 914 H981
3230 LAKE WORTH RD 3230 LAKE WORTH RD					•			
LAKE WORTH FL 33461			LAKE WORTH FL 33461					
						3. Date Incorporated or Qualified 02/17/1976	3a. Date of Last F 05/01/19	•
District Dist	- el Elucioano		2a. Mailing Address			4. FEI Number	03/01/18	Applied For
2. Principal Place of Business			26		59-1650439		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
2			City & State			6. Election Campaign Financing		00 May Be
City & State			128			Trust Fund Contribution		ed to Fees
Zip		Country	Zip	Countr	у	8. This corporation has liability for		199.032,
4	25		29	30		Florida Statutes Yes  10. Name and Address of New F	: ☐ No Registered Agent	
	9. Name and	Address of Current	Registereo Agent	81	Name	10. Name and Address of Now 1	iogiciore rige	
BURGER, ROBERT 3230 LAKE WORTH RD. LAKE WORTH FL 33461				82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
					2 Street Addi	Aduless (F.O. Dox Normal Is not Acceptation		
					3			
				84	4 City		FL 85	Zip Code
				II				
		007.0500	and 607 1609 Florida Statut	ge the shows	-named coroor	ration submits this statement for the pu		registered offic
11. Pursuant to or registere	o the provisions o	of Sections 607.0502 a , in the State of Florida	and 607.1508, Florida Statuti a. Such change was authoriz	es, the above ed by the cor	I-named corpor poration's boar	ration submits this statement for the pu rd of directors. I hereby accept the app		registered officed agent. I am
or registere familiar witl	o the provisions of ad agent, or both h, and accept the	of Sections 607.0502 a , in the State of Florida a obligations of, Sectio	and 607.1508, Florida Statut n. Such change was authoriz n 607.0505, Florida Statutes	es, the above ed by the cor	  -named corpor  poration's boai	ration submits this statement for the pu rd of directors. I hereby accept the app		registered offic d agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DURGER W