

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 549712 (8)

1. Corporation Name

M.D. UROLOGY SPECIALISTS, P.A.

Principal Place of Business

Mailing Address

2003 S. OSPREY AVE.
SARASOTA FL 34239
US

2003 S. OSPREY AVE.
SARASOTA FL 34239
US



2. Principal Place of Business

2a. Mailing Address

21 1921 Waldemere St. #310

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27

City & State

23 Sarasota, FL

28

24 Zip 34239 Country U.S.

29

Zip Country

30

3. Date Incorporated or Qualified

10/20/1977

3a. Date of Last Report

01/19/1995

4. FEI Number

59-1771272

Applied For

Not Applicable

5. Certificate of Status Desired

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\$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

MIHM, MARTIN F.
1617 SOUTH LODGE DRIVE
SARASOTA FL 33579

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 then applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MIHM, MARTIN F.
STREET ADDRESS 1617 S. LODGE DR
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE S
NAME DUNNE, EDWARD F.
STREET ADDRESS 4950 COMMONWEALTH DR.
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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1.1 TITLE PD
1.2 NAME Edward F. Dunne
1.3 STREET ADDRESS 1424 Cedar Bay Lane
1.4 CITY-ST-ZIP Sarasota, FL 34231

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Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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Change Addition

3.1 TITLE
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Change Addition

29.1 TITLE
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29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

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Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3196

Date

Digitally Signed

CR2E034 (3/96)