**APPLICATION** 

## FLORIDA DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE.

DEIN	DEINICTATEMENT		Jim Smith		FILED	
	Secretary or				• • • • • • • • • • • • • • • • • • • •	
	OR M.D. Urology Specialists ON POR CORPO		ATIONS		98 JAN 20 PM 1:44	
	React Industries on Other Side Before M  Make Check Payable To: Departn		•		SECRETARY OF STATE	
1. Name and	d Mailing Address of Corporation: DOCUMENT #			If Address in below. The amendment	n Block 1 is incorrect in any way, enter the correct address NAME of the corporation can be changed only by filing an	
	Urology Specialists, P. Waldemere Street, #310	Α.	,	Address		
	sota, FL 34239			Address		
REINSTATEMENT 97-98				City and State		
	s corporation is a non-profit with log(3) tax exempt status, check this			Zip Code		
3. Date incorporated or Qualified To Do Business in Florida 10-20-77 4. FEI Number 5			9-1771272			
5. Names and Street Addresses of Each Officer and/or Director  Street Address of Each Street Address of Each						
Title	Names of Officers and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Nun		mbers)	City and State	
D/P/S	Edward F. Dunne	1424 Ceda	4 Cedar Bay Lar		Sarasota, FL 34231	
					(2)-98	
					000024080318	
			-01/22/9801009008 ****900.00 ****900.00			
<u></u>						
This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No For intangible tax information call Department of Revenue 904-488-6800.						
REGISTERED AGENT INFORMATION			Name and Address of New Registered Agent			
6. Name and Address of Current Registered Agent			Robert W. Darnell			
Martin F. Mihm			Street Address (Do NOT Use P.O. Box Number)			
1617 South Lodge Drive Sarasota, FL 33579			Street Address (Do NOT Use P.O. Box Number) 2033 Main Street, Suite 400			
			City and State Zip Code			
				sota FL. 34237		
8. I, being appointed the registered agent of the above named quasiation am tabilitiar with and accept the obligations of section 607.0505, F.S.						
Signature of Registered Agent NOBERTW. DARNELL REGISTERED AGENT MUST SIGN  Date /-/3-98  Date /-/3-98						
reinstatement application the reason for its solution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The Tormation indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.						
Signature of Officer or Director Phone # (941) 955-2603						
Typed or printed name of signing officer or director EDWARD F. DUNNE, President						