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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

**DOCUMENT # 569620** 

(8)

## FILED Feb 13 1998 8:00am Secretary of State

	IDALE UROLOGY MANAGEI	MENT SERVICES, IN	IC.		
Principal Place	of Business	Mailing Address		a samini minia minia 1944 n fittis unit Adii Ateis (	LIOIT ATEIT GLOSS ÖFÜST ETÜST KORJ
5801 N. DIXIE	HWY	5601 N. DIXIE HWY			
STE 320		STE 320		DO NOT WIDES IN TH	HC CDACE
FT. LAUDERDALE FL 33334		FT. LAUDERDALE FL 3: US	3334	DO NOT WRITE IN TH	IIO OPAUE
00		03		04/28/1978	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1814719	Not Applicable
Suite, Apt. #		Suite. Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
	SCIMANO, LESLIE A		81 Name		
5601 N. DIXIE HWY SUITE 320			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FTL	AUDERDALE FL FL 33334				
			83		
			84 City		85 Zip Code
			-		*L   - 1
SIGNATURE			_	poration submits this statement for the purposition's board of directors. I hereby accept the a	
SIGNATURE	Tamiliar with, and accept the obligate signature, typed or protect name of registered agent OFFICERS AND	Land blo day-polabic (N	Florida Statutes.  OII Registered Agent signature requ		E
SIGNATURE s	 Sgradure, typed or proted ransc of registered agent	Land blo day-polabic (N	OTF Registered Agent signature requ	uired when reinstaling) DATI	E AND DIRECTORS IN 12
SIGNATURE 5	ilgrature, tyanst ör photest name of registerest agent OFECERS AND	randode dająciabie (Ni DBECTORS	OTE Registered Agent signature requi	uired when reinstaling) DATI	E AND DIRECTORS IN 12
SIGNATURE S	PO CRESCIMANO, LESLIE A. 5601 N DIXIE HWY 320	randode dająciabie (Ni DBECTORS	OTE Registered Agent signature requirements 13.	uired when reinstaling) DATI	E AND DIRECTORS IN 12
SIGNATURE 5  12. ITILE NAME	PO CRESCIMANO, LESLIE A. 5601 N DIXIE HWY 320 FT LAUDERDALE FL 33334	randode dająciakie (Ni DBECTORS	OTE Firegistered Agont signature required.  13. 1.1 TITLE 1.2 NAME	uired when reinstaling) DATI	E AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this fifting closs 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 eath; 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 attachage execution and discount and discou

SIGNATURE:

Hay Shirt D NAME OF SIGNING OFFICER OF DIRECT

2/6/98

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