**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 569620

LAUDERDALE UROLOGY MANAGEMENT SERVICES, INC.

Principal Place	e of Business	Mailing Addre	ess	-			{	<b>(5 0</b> 141 <b>0 18</b> 11 <b>0 8</b> 141 <b>0</b> 11		DIEN GLON DIGIN G	
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<u> </u>	lace of Business	2a. Mailing A	ddress				4. FEI Number	^		<u> </u>	plied For
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Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of S	Status Desired		\$8.75 / Fee Re	Additional	
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Zip	Country	Zip	Г		ury		8. This corporati  Personal Proj		rent year II	ntangible Yes	□No
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· · · · · ·	9. Name and Address of Cu	rrent Registered Age	nt		81 N	Name	10. Name and A	duless of Man	regione, et	a rigoni	
CRE	SCIMANO, LESLIE A			L							
5601 N. DIXIE HWY SUITE 320					82 Street Addres		ss (P.O. Box Number is Not Acceptable)				ļ
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11 Pursuant	to the provisions of Sections 607	0502 and 607,1508, F	lorida Statute	s, the abo	ove-n	amed corpor	ration submits this	statement for the	numose o	of changing its	registered
office or r	egistered agent, or both, in the St	tate of Florida. Such ch	iange was au	ithorized i	by the	e corporation	n's board of director	s. I hereby acce	pt the app	ointment as re	gistered .
agent. i a	m familiar with, and accept the ot	oligations of, Section of	ווטוח, כטכט. דוטוו	ida Statut	les.						
J											J
SIGNATURE	Signature, broad or printed pame of registerer	t agent and title if applicable.	(NOTE:	Registered A	oent sic	gnature required v	when reinstating)		DATE	<del></del>	
ļ	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE:	Registered A	gent siç	gnature required v		HANGES TO OF		ND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE		AND DIRECTORS	(NOTE:			gnature required v		HANGES TO OF		ND DIRECTO	DRS IN 12
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14. I 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 supplier that 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, with all other like empowered. RECORED

SIGNATURE:

CITY-ST-ZIP

Apr 19, 1999 8:00 am Secretary of State

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