

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600325 (5)

1. Corporation Name  
UROLOGIC PHYSICIANS AND SURGEONS, P.A.

Principal Place of Business  
1411 N. FLAGLER DRIVE, SUITE #5300  
WEST PALM BEACH FL 33401

Mailing Address  
1411 N. FLAGLER DRIVE, SUITE #5300  
WEST PALM BEACH FL 33401-3486



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1967		3a. Date of Last Report 03/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1200384		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HENRY, JAMES D 1411 N. FLAGLER DR. SUITE 5300 WEST PALM BCH FL 33401				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	TD
NAME	HENRY, JAMES D	1.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	PD
NAME	BROWN, RUSKIN W.	2.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W.PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	GOLDBERG, MURRAY G.	3.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	SD
NAME		4.2 NAME	BORLAND, R. NEILL
STREET ADDRESS		4.3 STREET ADDRESS	1411 N. FLAGLER DR., STE 5300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 supplemental 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

Date

561-833-5594

Daytime Phone #

0295762

CR2E034 (9/96)