

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90124 012 ***150.00

DOCUMENT # 600325

1. Entity Name

UROLOGIC PHYSICIANS AND SURGEONS, P.A.

Principal Place of Business

Mailing Address

**1411 N. FLAGLER DRIVE, SUITE #5300
 WEST PALM BEACH FL 33401**

**1411 N. FLAGLER DRIVE, SUITE #5300
 WEST PALM BEACH FLA 33401-3415**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1200384

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, JAMES D
 1411 N. FLAGLER DR.
 SUITE 5300
 WEST PALM BCH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	TD HENRY, JAMES D <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1411 N. FLAGLER DR. WEST PALM BCH, FL 00000
TITLE NAME	PD BROWN, RUSKIN W. <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1411 N. FLAGLER DR. W.PALM BCH. FL
TITLE NAME	VD GOLDBERG, MURRAY G. <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1411 N. FLAGLER DR. WEST PALM BEACH FL
TITLE NAME	SD BORLAND, R. N. <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1411 N. FLAGLER DR., STE. 5300 WEST PALM BEACH FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

561-833-5594

Daytime Phone #