2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600325

Zip

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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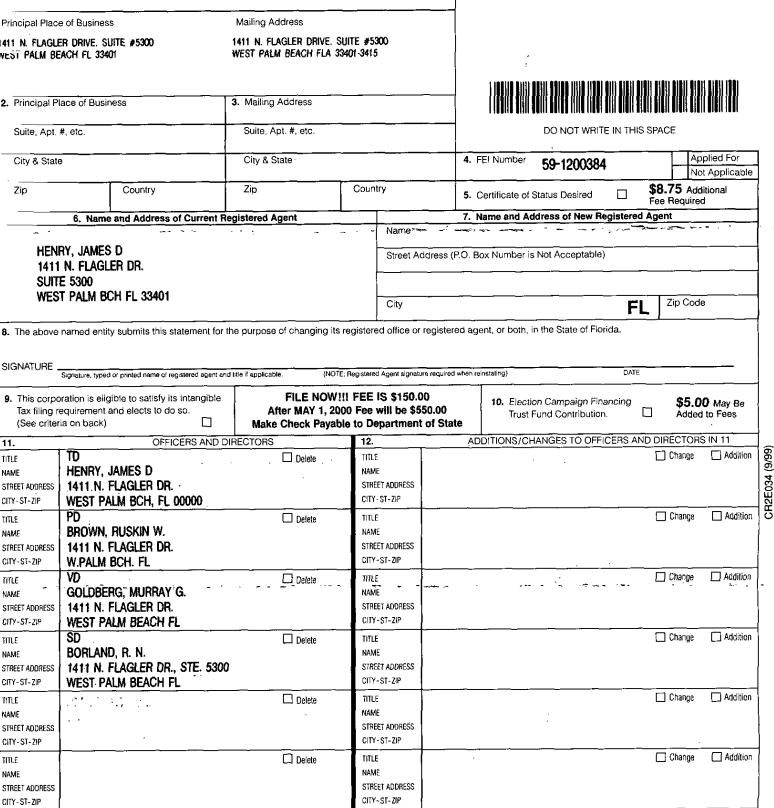
CITY-ST-ZIP

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
2. Principal Place of Business	3. Mailing Address
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.

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

02-14-2000 90124 012 ***150.00



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 of true exemption and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true exemption and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true exemption and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true exemption and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true exemption and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true exemption and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true exemption and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true exemption and the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oat ess, with all other like empowered changed, or on an attachment

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-833-5594