

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



APPROVED
AND
FILED

9 MAY -1 AM 9:52

DOCUMENT # 600393 (3)

UROLOGICAL ASSOCIATES OF JACKSONVILLE, P.A.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

3599 UNIVERSITY BLVD
SUITE 7
JACKSONVILLE FL 32216
US

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JACKSONVILLE FL 32216
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3. Date of Application	07/01/1968	3a. Date of Last Request	05/01/1994
4. Filing Number	59-1212829	☐ Appeal ☐ Not Applicable	
5. Contribution to State	☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing	☐	\$5.00 May Be Added to Fees	
7. Contribution to State	☒ Yes ☐ No		

9. Name and Address of Current Registered Agent

LEFFLER, NORMAN H., M.D.
2735 RUBIN ROAD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (or P.O. Box) (or Post Office Box)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am the duly authorized representative of the corporation or partnership or other entity named herein, and that I am qualified to act as a registered agent for the corporation or partnership or other entity named herein.

12. Additional Information

PST
LEFFLER, NORMAN H.
3599 UNIVERSITY BLVD., STE 7
JACKSONVILLE FL

13. Additional Information

ADDITIONAL INFORMATION TO BE PROVIDED BY THE APPLICANT

14. I, the undersigned, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that I am the duly authorized representative of the corporation or partnership or other entity named herein, and that I am qualified to act as a registered agent for the corporation or partnership or other entity named herein.

SIGNATURE:

Norman H. Leffler MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER
President of P.A.

4/25/95 904-399-5711