FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED
AND
FILED

95 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600393 (3)

UROLOGICAL ASSOCIATES OF JACKSONVILLE, P.A.

3599 UNIVERSITY BLVD
SUITE 7
JACKSONVILLE FL 32216
US

3599 UNIVERSITY BLVD
SUITE 7
JACKSONVILLE FL 32216
US

3. 07/01/1968

3a. 05/01/1994

4. 59-1212829

Applied For
Not Applicable

5. $8.75 Additional Fee Required

6. (Voter Campaign Financing Trust Fund Contribution) $5.00 May Be Added to Fees

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

84. FL

12.

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

13.

SIGNATURE: Norman H. Leffler MD 4/25/95 904-399-5711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND TITLE OF OFFICER

President of P.A.

0016328 CP