

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
• AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600393 (3)

1. Corporation Name

UROLOGICAL ASSOCIATES OF JACKSONVILLE, P.A.



Principal Place of Business

Mailing Address

3599 UNIVERSITY BLVD.
SUITE 7
JACKSONVILLE FL 32216
US

3599 UNIVERSITY BLVD.
SUITE 7
JACKSONVILLE FL 32216
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

30

LEFFLER, NORMAN H., M.D.
3735 RUBIN ROAD
JACKSONVILLE FL 32257

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 principal 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 607.0504, Florida Statutes.

SIGNATURE

Norman H. Leffler, M.D. NORMAN H. LEFFLER, MD 6/12/96

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP
PST
LEFFLER, NORMAN H.
3599 UNIVERSITY BLVD., STE 7
JACKSONVILLE FL
president & director

TITLE NAME ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

TITLE NAME ☐ DELETE

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TITLE NAME ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

300001878063
-06/27/96--01049--020
***233.75

☐ Change ☐ Addition

6-27-96
JR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman H. Leffler, MD 6/12/96 (904) 733-0508

CR2E034 (3/96)