

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 PM 1:58

DOCUMENT # **601811** (3)

1. Corporation Name  
**WINTER PARK UROLOGY ASSOCIATES, PROFESSIONAL ASSOCIATION**

Principal Place of Business  
**1812 NORTH MILLS AVE  
ORLANDO FL 32803**

Mailing Address  
**1812 NORTH MILLS AVE  
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/24/1969**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**59-1277954**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc	25	Suite, Apt. #, etc
22	City & State	27	City & State
23	Zip	29	Country
24	Country	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARD ACKERMAN  
1812 NORTH MILLS AVE  
ORLANDO FL 32803**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	FL 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 registered 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and his or her address

(If D/E, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GUNDIAN, JULIO C
STREET ADDRESS	1812 NORTH MILLS AVE
CITY, ST, ZIP	ORLANDO FL
TITLE	VPD
NAME	JABLONSKI, DONALD
STREET ADDRESS	1812 NORTH MILLS AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	SD
NAME	PORTERFIELD, JAMES M.
STREET ADDRESS	1812 NORTH MILLS AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	TD
NAME	VAUGHAN, DAVID
STREET ADDRESS	1812 NORTH MILLS AVE.
CITY, ST, ZIP	ORLANDO FL
TITLE	CS
NAME	KLALMAN, ALLAN P
STREET ADDRESS	1812 NORTH MILLS AVENUE
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(2)(b), Florida Statutes. I hereby certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or changes or is an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95 (407) 897-3499  
Date System Phone #