

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Organized: **12/24/1969**
3a. Date of Last Report: **03/28/1995**
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: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**EDWARD ACKERMAN
1812 NORTH MILLS AVE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	GUNDIAN, JULIO C	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1812 NORTH MILLS AVE		
STREET ADDRESS:	ORLANDO FL		
CITY-ST-ZIP:			
TITLE: VPD	JABLONSKI, DONALD	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1812 NORTH MILLS AVE.		
STREET ADDRESS:	ORLANDO FL		
CITY-ST-ZIP:			
TITLE: SD	PORTERFIELD, JAMES M.	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1812 NORTH MILLS AVE.		
STREET ADDRESS:	ORLANDO FL		
CITY-ST-ZIP:			
TITLE: TD	VAUGHAN, DAVID	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1812 NORTH MILLS AVE.		
STREET ADDRESS:	ORLANDO FL		
CITY-ST-ZIP:			
TITLE: CS	KLALMAN, ALLAN P	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1812 NORTH MILLS AVENUE		
STREET ADDRESS:	ORLANDO FL		
CITY-ST-ZIP:			
TITLE:		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:			
STREET ADDRESS:			
CITY-ST-ZIP:			

1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY-ST-ZIP:	
5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	
7. STREET ADDRESS:	
8. CITY-ST-ZIP:	
9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	
11. STREET ADDRESS:	
12. CITY-ST-ZIP:	
13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	
15. STREET ADDRESS:	
16. CITY-ST-ZIP:	
17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	
19. STREET ADDRESS:	
20. CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 principal officer or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change form, or on an attachment with an address.

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

Feb 19, 1996 (407) 897-3499

CR2E034 (12/95)