

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 601811**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1969	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1277954	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

81 Name: David J. Vaughan, Jr., M.D.  
 82 Street Address (P.O. Box Number is Not Acceptable): 1812 North Mills Ave.  
 83  
 84 City: Orlando FL 85 Zip Code: 32803

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, of 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]* David J. Vaughan, Jr., M.D. DATE: 3/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 22	
TITLE: PD	GUNDIAN, JULIO C	1.1 TITLE: <input type="checkbox"/> DELETE	
STREET ADDRESS: 1812 NORTH MILLS AVE	ORLANDO FL	1.2 NAME: Edward Ackerman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: ORLANDO FL		1.3 STREET ADDRESS: 1812 North Mills Ave.	
TITLE: VPD	JABLONSKI, DONALD	1.4 CITY-ST-ZIP: Orlando, FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1812 NORTH MILLS AVE.	ORLANDO FL	2.1 TITLE:	
CITY-ST-ZIP: ORLANDO FL		2.2 NAME:	
TITLE: SD	PORTERFIELD, JAMES M.	2.3 STREET ADDRESS:	
STREET ADDRESS: 1812 NORTH MILLS AVE.	ORLANDO FL	2.4 CITY-ST-ZIP:	
CITY-ST-ZIP: ORLANDO FL		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P	VAUGHAN, DAVID	3.2 NAME:	
STREET ADDRESS: 1812 NORTH MILLS AVE.	ORLANDO FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL		3.4 CITY-ST-ZIP:	
TITLE: CS	KLALMAN, ALLAN P	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1812 NORTH MILLS AVENUE	ORLANDO FL	4.2 NAME: Allan P. Klalman	
CITY-ST-ZIP: ORLANDO FL		4.3 STREET ADDRESS:	
TITLE: D	THILL, JEFFREY R	4.4 CITY-ST-ZIP:	
STREET ADDRESS: 1812 N MILLS AVE	ORLANDO FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: ORLANDO FL		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/5/99 (407) 897-3494

CR2E034 (11/98)