

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90046 005 ***150.00

DOCUMENT # 601811

1. Entity Name

Winter Park Urology Associates, Professional Assn.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1812 North Mills Ave.

3. Mailing Address

1812 North Mills Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL.

FL.

City & State
Orlando FL.

FL.

4. FEI Number

59-1277954

Applied For

Not Applicable

Zip 32803

Country U.S.A.

U.S.A.

Zip 32803

Country U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

David J. Vaughan, Jr. M.D.

Street Address (P.O. Box Number is Not Acceptable)

1812 North Mills Ave.

City Orlando

FL

Zip Code 32803

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

David J. Vaughan, Jr. - President

4/19/2002

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	T
NAME	Gundian, Julio C.
STREET ADDRESS	1812 North Mills Ave.
CITY-ST-ZIP	Orlando, FL 32803
TITLE	AS
NAME	Jablonski, Donald V.
STREET ADDRESS	1812 North Mills Ave.
CITY-ST-ZIP	Orlando, FL 32803
TITLE	P
NAME	Vaughan, David J.
STREET ADDRESS	1812 North Mills Ave.
CITY-ST-ZIP	Orlando, FL 32803
TITLE	VP
NAME	Klaiman, Allan P.
STREET ADDRESS	1812 North Mills Ave.
CITY-ST-ZIP	Orlando, Florida 32803
TITLE	S
NAME	Thill, Jeffrey B.
STREET ADDRESS	1812 N Mills Ave.
CITY-ST-ZIP	Orlando, FL 32803
TITLE	AT&S
NAME	Jablonski, David H.
STREET ADDRESS	1812 North Mills Ave.
CITY-ST-ZIP	Orlando, FL 32803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Vaughan, Jr. 4/19/2002 (407)897-3499

Date

Daytime Phone #

CR2E034B (12/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ADDITION

DOCUMENT # *601811*

1. Entity Name
Winter Park Urology Assoc., Prof. Ass'n
PAGE II

DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

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Name	
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City	FL Zip Code

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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Asst. S Brady, Jeffrey D. 1812 North Mills Orlando, Florida 32803</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Asst. S Inocel Rivera-Ramirez 1812 North Mills Ave Orlando, FL 32807</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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