


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90110 037 ***150.00

DOCUMENT # 601811

1. Entity 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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
VAUGHAN, DAVID J. JR. MD
1812 NORTH MILLS AVE
ORLANDO FL 32803

4. FEI Number **59-1277954**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

T TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUNDIAN, JULIO C 1812 NORTH MILLS AVE ORLANDO FL 32803	<input type="checkbox"/> Delete
AS TITLE NAME STREET ADDRESS CITY-ST-ZIP	JABLONSKI, DONALD 1812 NORTH MILLS AVE. ORLANDO FL 32803	<input type="checkbox"/> Delete
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAUGHAN, DAVID 1812 NORTH MILLS AVE. ORLANDO FL 32803	<input type="checkbox"/> Delete
VP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLAIMAN, ALLAN P 1812 NORTH MILLS AVENUE ORLANDO FL 32803	<input type="checkbox"/> Delete
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	THILL, JEFFREY R 1812 N MILLS AVE ORLANDO FL 32803	<input type="checkbox"/> Delete
ATS TITLE NAME STREET ADDRESS CITY-ST-ZIP	JABLONSKI, DAVID H 1812 NORTH MILLS AVE. ORLANDO FL 32803	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brady Jeffrey 1812 North Mills Ave. Orlando, Florida 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rivera, Inoeh 1812 North Mills Ave Orlando, Florida 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 4/27/03 Date **(407) 897-3499** Daytime Phone #

FILED

CR2E034 (10/02)