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CORPORATION ANNUAL REPORT



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

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

601914 DOCUMENT # 1. Corporation Name

(5)

UROLOGY ASSOCIATES, P.A.

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3/11/96 407/422-2484 Date Daytine Phone #

ncipal Place of Business 11 W COLUMBIA ORLANDO FL 32806		Mailing Address			.			
UNLANUU 1L 32000		11 W COLUMBIA ORLANDO FL 32806						
OHLANDO FL 32006		ONLANDO FE 32000	OKLANDO PL 32000		3. Date Incorporated or Qualified			
		On Marillea Address			4, FEI Number	1 1	Applied F	or
Principal Place of Busine	ipal Flace of Business 2a. Mailing Address 26				59-1292868		Not Appli	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$ 8	.75 Additio	nal
some, i de est		27			5. Certificate of Status Desired		Fee Required	<u>;</u>
Dity & State		City & State			6. Election Campaign Financing		5.00 May E	
	(28	1 0		Trust Fund Contribution B. This corporation has liability for in		Added to Fee	
⁷ ip	Country	Zφ 29	Count 30	ry	Florida Statutes Yes		Jei S 183.002	-,
9. Name	and Address of Current		1301		10. Name and Address of New Ro		t	
			8	1 Name				
KALSER, GARY A	. M.D.		a	2 Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
11 WEST COLUM						<u> </u>		
ORLANDO FL 328			8	3				
			ē	4 City		- 85	Zip Code	
					oration submits this statement for the pur	FL	its registered	d offi
Signature typed	or printed herice of registered agent an OFFICERS AND		OTE Registered A	gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFE	DATE CERS AND DIRI	ECTORS IN 1	2
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