## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 601914** 1. Entity Name UROLOGY ASSOCIATES, P.A. Principal Place of Business Mailing Address 11 W COLUMBIA 11 W COLUMBIA "". FL 32806 ORLANDO FLA 32806-1101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent KALSER, GARY A, M.D. Street Address (P.O. 11 WEST COLUMBIA ST ORLANDO FL 32806 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required who

## FILED Feb 14, 2000 8:00 am Secretary of State

02-14-2000 90026 015 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE					
1. FEI Number 59-1292868				Applied For	
Contificate of Status Desired - 1 > \$8.75				Addit	Applicable onal
Fee Required  7. Name and Address of New Registered Agent					
. B	ox Number is Not Acceptable)				
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_	<del></del>	FL	Zip C	ode —	
age	ent, or both, in the State of Florida.	•			
on reinstating) DATE					
	10. Election Campaign Financi Trust Fund Contribution.	ng			May Be Fees
AD	DITIONS/CHANGES TO OFFICER	RS AND			N 11
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13. 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITI F

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

9. This corporation is eligible to satisfy its Intangible

KALSER, GARY A., M.D.

11 W COLUMBIA ST

ORLANDO FL

OFFICERS AND DIRECTORS

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/3000 400 Date Daytime

407/422-34-84 Daytime Phone #