2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Mar 07, 2002 8:00 am			
DOCUMENT # 601914 1. Entity Name UROLOGY ASSOCIATES, P.A.						Secretary of State 03-07-2002 90044 045 ***150.00			
UHULUG	TY ASSOCIATES	o, P.A. 				03 07 2002 900	711013 130.		
11 W COLUMBIA 11 W CO			Mailing Address 11 W COLUMBIA ORLANDO FL 32806	W COLUMBIA					
<u> </u>	Place of Business	3. Mailing Address							
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE 4. FEI Number For 1000000 Applied For			
Zip Country			Zip Country			59-1292868 Certificate of Status Desired		ot Applicable	
1	6 Name and Ad	drace of Current Bo	ristored Agent				Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
KALSER, GARY A, M.D. 11 WEST COLUMBIA ST				Street A	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32806				City			FL Zip Cod	e	
8. The above	named entity submit	s this statement for th	e purpose of changing its r		registered a	gent, or both, in the State of Floric			
OLONATURE	-		•						
SIGNATURE	Signature, typed or printed n	arne of registered agent and I	itle if applicable. (NOTE:	Registered Agent signatu	re 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) FILE NOW!!! FI After May 1, 2002 F Make Check Payable to				2 Fee will be \$5	50.00	10. Election Campaign Finan Trust Fund Contribution.		May Be	
11.		OFFICERS AND DIF	RECTORS	12.	AI	DDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 11	
TITLE NAME	PSD KALSER, GARY A	., M.D.	☐ Delete	TITLE NAME			☐ Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP	11 W COLUMBIA ORLANDO FL	১। 		STREET ADDRESS CITY-ST-ZIP	·				
TITLE ·			☐ Delete	: TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			<u> </u>		
NAME		· • • · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME			☐ Change	☐ Addition	
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TITLE NAME			☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	_				
TITLE NAME			☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
or the cor	poration or the receiv	er or trustee empowe	s filing does not qualify for t e and accurate and that my red to execute this report a all other like empowered.	he exemption state y signature shall ha s required by Cha ì	ed in Section ve life service pter 627, Flo	119.07(3)(i), Florida Statutes. I full legal effect as if made under oat da Statutes; and that my name a	rther certify that the ir h; that I am an officer ppears in Block 11 or	nformation or director Block 12 if	

SIGNATURE: GARY (A. KALSER, M. D. SIGNING OFFICER OR DIRECTOR

2/25/2002 407/422-2484

Daytime Phone #