

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 602941 (7)  
1. Corporation Name  
UROLOGY ASSOCIATES OF PINELLAS COUNTY, P.A.

Principal Place of Business 1011 JEFFORDS STREET CLEARWATER FL 34616-4023	Mailing Address 1011 JEFFORDS STREET CLEARWATER FL 34616-4023
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1971	3a. Date of Last Report 02/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1353885		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LA ROSA, WILLIAM R., M.D. 1011 JEFFORDS ST. CLEARWATER FL 33516				10. Name and Address of New Registered Agent			
				81 Name	Barkley, Craig S.		
				82 Street Address (P.O. Box Number is Not Acceptable)	1011 Jeffords Street		
				83			
				84 City	FL	85 Zip Code	34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Craig S. Barkley* *Craig S. Barkley M.D.* DATE *2/13/97*  
Signature, typed, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE <input checked="" type="checkbox"/>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LA ROSA, WILLIAM R.			1.2 NAME			
STREET ADDRESS	1011 JEFFORDS ST			1.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER, FL 00000			1.4 CITY - ST - ZIP			
TITLE	VD	DELETE <input type="checkbox"/>		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS, T. JOHNSON			2.2 NAME			
STREET ADDRESS	1011 JEFFORDS ST			2.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER, FL 00000			2.4 CITY - ST - ZIP			
TITLE	DS	DELETE <input type="checkbox"/>		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAROSA, WILLIAM R. JR.			3.2 NAME			
STREET ADDRESS	1011 JEFFORDS ST			3.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER, FL 00000			3.4 CITY - ST - ZIP			
TITLE	TD	DELETE <input type="checkbox"/>		4.1 TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARKEY, CRAIG S			4.2 NAME	Barkley, Craig S		
STREET ADDRESS	1011 JEFFORDS ST			4.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL			4.4 CITY - ST - ZIP			
TITLE		DELETE <input type="checkbox"/>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		DELETE <input type="checkbox"/>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/30/97 813-441-1508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)