

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 036 ***150.00

DOCUMENT # 603051

1. Entity Name
FLORIDA UROLOGY SPECIALISTS, P.A.



Principal Place of Business
**ONE SOUTH SCHOOL AVE
SUITE 200
SARASOTA, FL 34237 US**

Mailing Address
**ONE SOUTH SCHOOL AVE
SUITE 200
SARASOTA, FL 34237 US**

40026589



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1357110

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILLIAMS, THOMAS H
~~150 SCHOOL AVE~~ 1 South School Ave.
SUITE 200
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DEMLER, JAMES W
STREET ADDRESS	ONE SOUTH SCHOOL AVE STE 200
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	P
NAME	WILLIAMS, THOMAS H.
STREET ADDRESS	ONE SOUTH SCHOOL AVE STE 200
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VP
NAME	TINGLE, WILLIAM
STREET ADDRESS	ONE SOUTH SCHOOL AVE STE 200
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	T
NAME	BILIK, A. JOSEPH
STREET ADDRESS	ONE SOUTH SCHOOL AVE
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Date

941.309.2006

Daytime Phone #