ANNUA	ROFIT PORATION AL REPORT 996				ra B. Morth etary of Sta	iam ate	E.						
orporation N		694508		(3)									
UROLOG	gy associa	tes, mark I.	LEIBON	NIIZ, M.D.,	P.A								
icipal Place of Business 701 S.E. HILLMOOR DRIVE. SUITE #B6 YORT ST. LUCIE FL 34952			Mailing Address 1701 S.E. HILLMOOR DRIVE. SUITE #B6 PORT ST. LUCIE FL 34952										
								3. Date Incorpor 07/14/19			e of Last F 3/31/19	95	
Principal Plac	ce of Business		28. M	lailing Address				4. FEI Number 59-210	8724			Applied Not App	
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired				5 Additio	
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	9. Name and A	Address of Current	i negister	eu Agent		81 N	lame	10					-
LEIBOWI	itz, mark I., M	D				82 S	treet Addr	ess (P.O. Box Numit	er is Not Accept	ab'e)			
	BRASKA AVEN	ue, ste 2a				83							
ft pierk	CE FL 33450										85	Zip Code	
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