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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 694508

1. Corporation Name

UROLOGY ASSOCIATES, MARK I. LEIBOWITZ, M.D., P.A

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90039 019 \*\*\*150.00



Principal Place	of Business	Mailing Address					
1701 S.E. HILLI	MOOR DRIVE. SUITE #86	1701 S.E. HILLMOOR DRIVE. SUITE #86					
PORT ST. LUCIE FL 34952		PORT ST. LUCIE FL 34952			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
							į
					07/14/1981 4. FEI Number		plied For
2. Principal P	lace of Business	Za. Mailing Address			•		t Applicable
<u></u>		26			59-2108724		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>–</b>		5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		27					
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o rees
Zip	Country	Zip	_	ountry	8. This corporation owes the current year In		□No
24	25	29	30	<u> </u>	Personal Property Tax.		<u> </u>
	9. Name and Address of Curren	t Registered Agent		941 11	10. Name and Address of New Registered	Agent	
	OUTT MADE I MD			81 Name			•
	OWITZ, MARK I., MD			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	SE HILLMOOR DR SE ·····	transport to the second	J T				
POR	T ST LUCIE FL 34952	advisor of a sile of the territories as the con-		83			i
				84 City		85 Zip (	Code
, care-s	an agramma transmignation in the above the contract of the con	dugic distance d'acceptage d'acceptament comme	de proposition de design	Maria da da Cara ante de la companya de la company	and the second of the second o		· · · · · · · · · · · · · · · · · · ·
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida S	tatutes, the	above-named co	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its	registered
office or r	egistered agent, or both, in the State	of Florida, Such change w	as authorize	ed by the corpora	ation's board of directors. I hereby accept the appo	ntment as re	gistered
agent. I a	m.tamiliar.with, and accept.the obligat	ligus or ຂໍອີຣັດກໍດີນ ວິດີຈັນຕົວດວ	- United Sec	THE THE SHIP CONTRACTOR OF THE	All departments of many many many transfer and management and the control of the	Harris on the Contraction of the	elin for modes, their a colored attention of
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	NOTE: Register	ed Agent signature requ			
12.		D DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PTD	DELET	E 1,1	TITLE		Change	☐ Addition
	LEIBOWITZ, MARK I, MD			NAME -	And the second s		1
NAME				STREET ADDRESS			ì
STREET ADDRESS	<del>-</del>		i i		,	4	i
CITY-ST-ZIP	FT PIERCE, FL 0	DELET		CITY-ST-ZIP		Change	☐ Addition
TITLE	\$		1	TITLE	•	\$nanga	
NAME	LEIBOWITZ, JO		2.2	NAME			
STREET ADDRESS			2.3	STREET ADDRESS			ĺ
CITY-ST-ZIP	FT PIERCE, FL 0			CITY-ST-ZIP			
TITLE		DELET	E 3.1	TITLE		☐ Change	Addition
NAME			3.2	NAME	•		ì
STREET ADDRESS		,	3.3	STREET ADDRESS		•	
CITY-ST-ZIP			3.4.	CITY-ST-ZIP			
TITLE :		DELET	E 4.1	TITLE		Change	☐ Addition
NAME	!		4. 2	NAME			
STREET ADDRESS		-	4.3	STREET ADDRESS			İ
CITY-ST-ZIP			44	CITY-ST-ZiP			
TITLE		☐ DELET		TITLE	·	☐ Change	Addition
NAME				NAME			(
			5.3	STREET ADDRESS			
STREET ADDRESS			1	CITY-ST-ZIP			
CITY-ST-ZIP				TITLE		- Change	Addition
TITLE		☐ DELET	-			- [ ] Change	
NAME 文字 编辑系	<b>在我们就是否是我们的现在分词的现在分词的</b>	TOTAL CHARGE CHARGE	NEW A. C.	NAME	或是,可是被原始的特殊。 第12		图 412 图 21
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CITY-ST-ZIP	THE THE WAS TO SEE		6.4	CITY-ST-ZIP	<b>经验的</b> 工作,是这些特别的	SENTANCE, ".	12.037.300
4 4				42 1 1 1 2	Castles 110.07(2)(i) Elorida Statutas, I further co	more that that	etermation

14. 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 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, with all other like empowered.

SIGNATURE: