FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722707** **(7)**

1. Corporation Name

UROLOGY FOUNDATION OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O SARA DRYLIE 6603 N W 18TH AVE. GAINESVILLE FL 32605	C/O SARA DRYLIE 6603 N W 18TH AVE. GAINESVILLE FL 32605

3. Date Incorporated or Qualified: **02/17/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **23-7211442** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax pursuant to F.S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CLAYTON, JAMES E. (ESQ)
111 SE 1ST AVE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCLAUGHLIN, THOMAS M.D.	12 NAME	
STREET ADDRESS	1425 SEVILLE PL	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ROLLINS, RELEIGH W., M D	22 NAME	
STREET ADDRESS	1207 HODGES DR	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WAJSMAN, ALINA	32 NAME	
STREET ADDRESS	2428 NW 12TH PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STRINGER, THOMAS M.D.	42 NAME	
STREET ADDRESS	609 W HIGHLAND BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEAL, JORGE M.D.	52 NAME	
STREET ADDRESS	825 N. COURTENAY PARKWAY	53 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	DRYLIE, SARA M.	62 NAME	
STREET ADDRESS	6603 N.W. 18TH AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara M. Drylie Tres/D 4-15-95 331-9944 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Sara M. Drylie, Treasurer

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