

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **722707** (7)

1. Corporation Name

UROLOGY FOUNDATION OF FLORIDA, INC.



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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCLAUGHLIN, THOMAS M.D.
STREET ADDRESS 1425 SEVILLE PL
CITY-ST-ZIP LAKELAND FL ☒ DELETE

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Donald Jablonski, M.D.
1.3 STREET ADDRESS Winter Park Urology Associates
1812 North Mills Avenue
1.4 CITY-ST-ZIP Orlando, FL 32803

TITLE VD
NAME ROLLINS, RELEIGH W., M D
STREET ADDRESS 1207 HODGES DR
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

2.1 TITLE VP/D ☒ Change ☐ Addition
2.2 NAME Thomas F. Stringer, M.D.
2.3 STREET ADDRESS 609 West Highland Blvd.
2.4 CITY-ST-ZIP Inverness, FL 34452

TITLE SD
NAME WAJSMAN, ALINA
STREET ADDRESS 2428 NW 12TH PLACE
CITY-ST-ZIP GAINESVILLE FL ☒ DELETE

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME Margie Deardourff
3.3 STREET ADDRESS 1921 NW 14th Avenue
3.4 CITY-ST-ZIP Gainesville, FL 32605

TITLE D
NAME STRINGER, THOMAS M.D.
STREET ADDRESS 609 W HIGHLAND BLVD
CITY-ST-ZIP INVERNESS FL ☒ DELETE

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Paul Sawyer, M.D.
4.3 STREET ADDRESS 1207 Hodges Drive
4.4 CITY-ST-ZIP Tallahassee, FL 32308

TITLE D
NAME LEAL, JORGE M.D.
STREET ADDRESS 825 N. COURTENAY PARKWAY
CITY-ST-ZIP MERRITT ISLAND FL ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **8000001880958**
5.3 STREET ADDRESS **-07/01/96--01055--014**
5.4 CITY-ST-ZIP *****61.25**

TITLE TD
NAME DRYLIE, SARA M.
STREET ADDRESS 6603 N.W. 18TH AVE.
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME No Change
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **07-01-96**

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)(k), 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, Treas./Director 6/4/96

(352) 331-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara M. Drylie, Treasurer/Director

Date

Daytime Phone #

CR2E037 (3/96)