

FILE NOW: FILING FEE IS \$61.25

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May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32605-3213

3. Date Incorporated or Qualified <b>02/17/1972</b>	3a. Date of Last Report <b>07/01/1996</b>
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2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	29 Country	30 Country

4. FEI Number <b>23-7211442</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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	
TITLE	NAME
PD	JABLONSKI, DONALD
STREET ADDRESS	1812 N MILLS AVE
CITY - ST - ZIP	ORLANDO FL 32803
TITLE	NAME
VPD	STRINGER, THOMAS F
STREET ADDRESS	609 W HIGHLAND BLVD
CITY - ST - ZIP	INVERNESS FL 34452
TITLE	NAME
SD	DEARDOURFF, MARGIE
STREET ADDRESS	1921 NW 14 AVE
CITY - ST - ZIP	GAINESVILLE FL 32308
TITLE	NAME
D	SAWYER, PAUL MD
STREET ADDRESS	1207 HODGES DR
CITY - ST - ZIP	TALLAHASSEE FL 32305
TITLE	NAME
TD	DRYLIE, SARA M.
STREET ADDRESS	6603 N.W. 18TH AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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* (SARA M. DRYLIE) 4-27-97 (352) 331-9944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010875

CR2E037 (9/96)