FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999

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

FILED
98 DEC 29 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A98000000310

FMD UROLOGIC THERAPIES II, LTD.

Mailing Address	Principal Office Address
~~1201 LOUISIANA AVENUE~~	~~1201 LOUISIANA AVENUE~~
~~WINTER PARK FL 32789~~	~~WINTER PARK FL 32789~~

2. Mailing Address
670 N. Orlando Ave.
Suite, Apt. #, etc.
Suite 103
City & State
Maitland, FL 32751
Zip Country

2a. Principal Office Address
670 N. Orlando Ave.
Suite, Apt. #, etc.
Suite 103
City & State
Maitland, FL 32751
Zip Country

3. Date Formed or Registered
01/30/1998

3a. Date of Last Report
N/A

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$175,000.00

5b. Amount of Capital Contributions in FLORIDA to date
$25,000.00

6. FEI Number
59-3481618
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired
☑ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

KRESGE, H. C JR.
1201 LOUISIANA AVENUE
WINTER PARK FL 32789

670 N. Orlando Ave.
Suite 103
Maitland, FL 32751

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) H.C. Kresge, II DATE 12/1/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
FLORIDA MEDICAL DEVELOPMENT,	1201 LOUISIANA AVENUE	WINTER PARK FL 32789	K41401

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE H.C. Kresge, II DATE 12/1/98

Typed or Printed Name of General Partner Signing Form H.C. KRESGE, II Daytime Telephone Number 800-133-1597

CR2E003 (9/98)