

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000310

1. Entity Name

FMD UROLOGIC THERAPIES II, LTD.

Principal Place of Business

670 N. ORLANDO AVENUE, SUITE 103  
MAITLAND FL 32751

Mailing Address

670 N. ORLANDO AVENUE, SUITE 103  
MAITLAND FL 32751-4465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3481618

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRESGE, H. C. JR.

670 N. ORLANDO AVENUE, SUITE 103  
MAITLAND FL 32751

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$175,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # K41401  
NAME FLORIDA MEDICAL DEVELOPMENT, INC.  
STREET ADDRESS 1201 LOUISIANA AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS 670 N. ORLANDO AVE. SUITE 103  
CITY-ST-ZIP MAITLAND, FL 32751

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

600003306766--5  
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STREET ADDRESS  
CITY-ST-ZIP

\*\*\*\*253.75 \*\*\*\*253.75

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*H.C. Kresge* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/1/2000

800-433-1597  
Date Daytime Phone #

FILED

00 MAY 22 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR 10003 (04/00)