

2001 UNIFORM BUSINESS REPORT (UBR)

0001334 AF

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**KRESGE, H. C JR.
670 N. ORLANDO AVENUE, SUITE 103
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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.

37,500.00

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

DOCUMENT # **K41401**
NAME **FLORIDA MEDICAL DEVELOPMENT, INC.**
STREET ADDRESS **670 N. ORLANDO AVENUE, SUITE 103**
CITY-ST-ZIP **MAITLAND FL 32751**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

100004082091-1
-04/26/01-01081-032
*****360.00 ***360.00**

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, Jr.
H.C. KRESGE, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

3/28/2001

Daytime Phone #

800-433-1501

CR2E003 (11/00)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

FILED

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