

2002 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**

FILED

02 APR 17 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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.

DATE

9. Capital Contributions
as Shown on record.

\$175,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

180,000.00

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400005184274--4

-04/03/02--01012--D13

******526.25 ****526.25**

FF \$526.25

AL1

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/26/2002 800-433-1597
Date Daytime Phone #

CR2E003 (9/01)