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February 26, 2002

**VIA FEDERAL EXPRESS**

Division of Corporations  
Florida Secretary of State  
409 E. Gaines  
Tallahassee, Florida 32399

000005025940--7  
-02/28/02--01025--020  
\*\*\*1072.50 \*\*\*\*\*78.75

Re: Partnership Registration and Foreign Corporation Qualifications

Dear Sir or Madam:

Enclosed for filing with the Florida Secretary of State's office are executed originals of the following applications for the following entities:

Applications for Foreign Corporation for Authorization to Transact Business  
in Florida

H. Patterson Hezmall, M.D., P.A.  
John M. House, M.D., P.A.  
David Steven Ellis, M.D., P.A.  
Wade L. Lowry, M.D., P.A.  
Robert A. Dowling, M.D., P.A.  
V. Gary Price, M.D., P.A.  
Lawrence J. Alter, M.D., P.A.  
Thomas C. Truelson, M.D., P.A.  
Jim Saalfield, M.D., P.A.  
Kenneth Licker, M.D., P.A.  
M. Patrick Collini, M.D., P.A.  
Kirk Pinto, M.D., P.A.

BK

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Partnership Registration Statement and Statement of Qualification for Foreign Limited  
Liability Partnership

Urology Associates of North Texas, L.L.P.

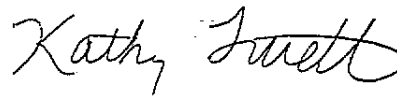
FF \$70  
CC 8.75

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Also enclosed are our checks totally \$1,125.00 for each filing including the charges for a certified copy of each of the 14 applications. Please return the certified copies to me by Federal Express using the enclosed Federal Express envelope and air bill which will be billed to our Federal Express account.

Please call me at (214) 661-7293 if you have any questions. Thank you very much for your assistance.

Sincerely,



Kathy Truett  
Legal Assistant

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TALLAHASSEE, FLORIDA

Enclosures

cc: W. Bradley Bickham

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Wade L. Lowry, M.D., P.A.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Texas

(State or country under the law of which it is incorporated)

3. 75-1892395

(FEI number, if applicable)

4. May 13, 1996

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon registration

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. Box 120549, Arlington, Texas 76012

(Current mailing address)

8. any lawful business for which a professional association or corporation may be incorporated in Florida, subject to the provisions of the Texas Professional Association Act.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Nicholas A. Maruniak, M.D.

Office Address: 1314 Sumter Street, Suite 5

Leesburg, Florida, 34748

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Nicholas A. Maruniak MD

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Director: Wade L. Lowry, M.D.

Address: 1001 Waldrop Drive, Suite 708  
Arlington, Texas 76012

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Wade L. Lowry, M.D.

Address: 1001 Waldrop Drive, Suite 708  
Arlington, Texas 76012

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

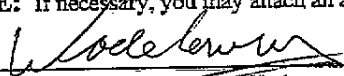
Secretary: Wade L. Lowry, M.D.

Address: 1001 Waldrop Drive, Suite 708  
Arlington, Texas 76012

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Wade L. Lowry, M.D., President  
(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Gwyn Shea  
Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Association for WADE L. LOWRY, M.D., P.A. (filing number: 81702803), a Professional Association, was filed in this office on May 13, 1996.

It is further certified that the entity status in Texas is active.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name  
officially and caused to be impressed hereon the Seal of  
State at my office in Austin, Texas on February 25, 2002.



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea  
Secretary of State