

F05000002709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

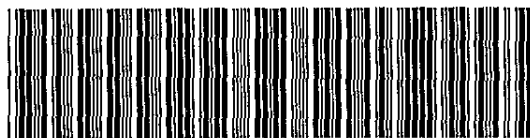
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W05-18059

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05 APR 28 PM 2:41
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 11, 2005

PEG DRACH
3355 CLARK ROAD
SARASOTA, FL 34231

SUBJECT: JOHN C. WILLIAMS, MD. PA, DBA CAPITAL UROLOGY
ASSOCIATES
Ref. Number: W05000018059

We have received your document for JOHN C. WILLIAMS, MD. PA, DBA CAPITAL UROLOGY ASSOCIATES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not include the "DBA" name in this document you will need to file a fictitious name application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 205A00024499

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Urology Associates ←
(Name of corporation - must include suffix)
John C. Williamson, MD. PA, DSA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Peg DRACH
(Name of Person)
Uropath LLC
(Firm/Company)
3355 Clark Road
(Address)
Sarasota, FL 34231
(City/State and Zip code)

For further information concerning this matter, please call:

Peg DRACH at (941) 309-7284
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. JOHN C. WILLIAMSON, MD, P.A.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. TEXAS 3. 81034603
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1985 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6818 Austin Center Blvd
(Principal office address)
Suite 201, Austin, TX 78731
(Current mailing address)
8. Physician OFFICE Clinical Laboratory
(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 NOT acceptable)
- Name: Reg Dracht, Uropath, LLC
- Office Address: 3355 Clark Road
Sarasota, Florida 34231
(City) (Zip code)

FILE
TALLAHASSEE, FLORIDA
05 APR 28 PM 2:21

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.

Reg Dracht
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: David Phillip
Address: 4007 James Carey C-150
Austin, TX 78745

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: John C. Williamson
Address: 4007 James Carey C-150
Austin, TX 78745

Vice President: David L. Phillips
Address: 4007 James Carey C-150
Austin, TX 78745

Secretary: Robert Northway
Address: 4007 James Carey C-150 Austin TX 78745

Treasurer: Mike Floyd
Address: 4007 James Carey C-150 Austin, TX 78745

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

13. David L. Phillips
(Signature of Director or Officer listed in number 12 of the application)

14. DAVID L. Phillips
(Typed or printed name and capacity of person signing application)

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



Roger Williams
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 JOHN C. WILLIAMSON, M.D., P.A. (filing number: 81034603), a Professional Association, was filed in this office on November 01, 1985.

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

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 March 22, 2005.



A handwritten signature in black ink that reads "Roger Williams".

Roger Williams
Secretary of State