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A 1 A CORPORATE SERVICES

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800)484-3124
Fax Number : (561)455-8885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

Advanced Urology PC

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Certified Copy	0
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**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. **Advanced Urology PC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **COLORADO**

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

3. _____

(FEI number, if applicable)

4. **07/31/2001**

(Date of incorporation)

5. **PERPETUAL**

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

6. **UPON QUALIFICATION**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1411 S Potomac Ste 250 Aurora Colorado 80012**

(Principal office address)

1411 S Potomac Ste 250 Aurora Colorado 80012

(Current mailing address)

8. **PROFESSIONAL MEDICAL SERVICES**

(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: **ELAINE HOLLAND**

Office Address: **3355 CLARK ROAD**

SARASOTA

(City)

, Florida **34231**

(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.

✓ 
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORSChairman: William N. Maniatis MDAddress: 1411 S Potomac Ste 250 Aurora Colorado 80012Vice Chairman: JOEL M. KAUFMAN MDAddress: 1411 S Potomac Ste 250 Aurora Colorado 80012Director: JONATHAN J. SEIDLIN MDAddress: 1411 S Potomac Ste 250 Aurora Colorado 80012

Director: _____

Address: _____

B. OFFICERS

CEO : _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. ☒ _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

JONATHAN J SEIDLIN M.D. DIRECTOR.

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PAGE 3 ADVANCED UROLOGY PC

DIRECTOR:
MICHAEL A. GLASS MD
1411 S Potomac Ste 250
Aurora Colorado 80012

DIRECTOR:
ALI M. SARRAM MD
1411 S Potomac Ste 250
Aurora Colorado 80012

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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,

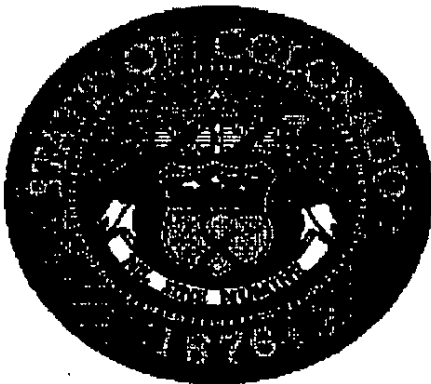
ADVANCED UROLOGY, P.C.

is a
Corporation

formed or registered on 07/31/2001 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20011150762 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/19/2007 that have been posted, and by documents delivered to this office electronically through 10/23/2007 @ 14:00:07 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/23/2007 @ 14:00:07 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6916712 .



A handwritten signature in black ink, appearing to read "Mike Coffman", is written over a horizontal line.

Secretary of State of the State of Colorado

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TALLAHASSEE, FLORIDA

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."

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