FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:30

DOCUMENT # **F94000002109 (6)**

1. Corporation Name
UROLOGY SURGICENTERS, INC.

Principal Place of Business	Mailing Address
77 CROSSVILLE RD., E. #209 ROSWELL GA 30075	77 CROSSVILLE RD., E. #209 ROSWELL GA 30075

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report: NA

2. Principal Place of Business
21 500 SUN Valley Drive
22 SUITE D-1
23 Roswell, Georgia
24 30076 25 USA

2a. Mailing Address
26 SAME
27
28
29 30

4. FEI Number: 58-2026961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DUNCAN, WILLIAM J
3920 BEE RIDGE RD., BLDG.H, #J
SARASOTA FL 34233

10. Name and Address of New Registered Agent

01 Name: WILLIAM J. DUNCAN
02 Street Address (P.O. Box Number is Not Acceptable): 1830 Ave.P. S.W.
03
04 City: WINTER HAVEN FL 05 Zip Code: 33880

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William J. Duncan 1/30/95
Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	☑ Change ☐ Addition
NAME	ARNETT, M L JR	1.2 NAME	
STREET ADDRESS	77 CROSSVILLE RD., E, #209	1.3 STREET ADDRESS	500 SUN Valley Drive
CITY-ST-ZIP	ROSWELL GA 30075	1.4 CITY-ST-ZIP	Suite D-1, Roswell, Georgia 30076
TITLE	TSDC	2.1 TITLE	☑ Change ☐ Addition
NAME	DUNCAN, WILLIAM J PHD	2.2 NAME	
STREET ADDRESS	77 CROSSVILLE RD., E, #209	2.3 STREET ADDRESS	500 SUN Valley Drive
CITY-ST-ZIP	ROSWELL GA 30075	2.4 CITY-ST-ZIP	Suite D-1, Roswell, Georgia 30076
TITLE	V	3.1 TITLE	☑ Change ☐ Addition
NAME	MORRISON, ROBERT B	3.2 NAME	
STREET ADDRESS	77 CROSSVILLE RD., E, #209	3.3 STREET ADDRESS	500 SUN Valley Drive
CITY-ST-ZIP	ROSWELL GA 30075	3.4 CITY-ST-ZIP	Suite D-1, Roswell, Georgia 30076
TITLE		4.1 TITLE	☑ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Duncan 1/30/95 (401) 993-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300480 FP