

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

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 AV

DOCUMENT # F95000003858

1. Entity Name
UROLOGY MEDICAL, INC.

03-03-2002 90085 005 ***150.00

Principal Place of Business
**6721 US. HWY. 90 W.
 LAKE CITY FL 32055**

Mailing Address
**6721 US HWY. 90 WEST
 LAKE CITY FL 32055**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **73-1477293**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BUSCH, ROBERT G DO
 6721 US HWY. 90 WEST
 LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PDC
 BUSCH, ROBERT G DO
 6721 US HWY 90 WEST
 LAKE CITY FL 32055** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
- Same - ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 ORDINARIO, ERIC D.O.
 6721 US HIGHWAY 90 WEST
 LAKE CITY FL 32055** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ORDINARIO, ERIC D.O. ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert G. Busch D.O. **Robert G. Busch D.O.** **2/10/02 386952 4189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)