

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90082 001 ***150.00

DOCUMENT # F95000003858

1. Entity Name
UROLOGY MEDICAL, INC.



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

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

60004120



2. Principal Place of Business
4601 US HWY 90 W

3. Mailing Address
4601 US Hwy 90, W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE CITY FL

City & State
LAKE CITY FL

4. FEI Number
73-1477293

Applied For
☐ Not Applicable

Zip
32055

Country
USA

Zip
32055

Country
USA

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

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
BUSCH ROBERT G DO

Street Address (P.O. Box Number is Not Acceptable)
4601 US Hwy 90 W

City
LAKE CITY FL Zip Code
32055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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
☐ 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
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03

CR2E034 (10/02)