FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95281

1. Corporation Name

Principal Place of Business

MIAMI UROLOGICAL ASSOCIATES, INC.

747 PONCE DE LEON BLVD SUITE 700 CORAL GABLES FL 33134		747 PONCE DE LEON BLVD SUITE 700 CORAL GABLES FL 33134		DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 08/01/1982	SPACE			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For	
21		26		59-2206158	No	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional) 	
22		27			Fee R	equired		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year li	itangible		
24	25	29	0		Personal Property Tax.		□No	
, , , , , , , , , , , , , , , , , , , 	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		l
			8	Name				
WASMER, JOSE M., M.D. 747 PONCE DE LEON BLVD.			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)			
STE	700		83	3				
COR	IAL GABLES FL 33134		<u> </u>			100 7:-		ļ
,			84		F	_	85 Zip Code	
office or re agent, I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was aut	norized b	/ tne corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appr	r changing its intment as re	egistered	
SIGNATURE				ent signature requir	red when reinstating) DATE		—— ì	۱ _
1	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	tegistered Agi	anı sığılatırı e requii	eg when reinstating)			i m
12.	Signature, typed or printed name of registared agent OFFICERS ANI		13.	ant signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		186/
				gni signature requi		ND DIRECTO	ORS IN 12	(11/98)
12.	OFFICERS AND	DIRECTORS	13.					
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE 1.2 NAME					
12. TITLE NAME STREET ADDRESS	PD WASMER, JOSE M MD 747 PONCE DE LEON #700	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADDRESS		☐ Change	☐ Addition	
12. TITLE NAME	PD WASMER, JOSE M MD	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS				CR2E034 (11/98
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASMER, JOSE M MD 747 PONCE DE LEON #700 CORAL GABLES FL ST	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS ST-ZIP		☐ Change	☐ Addition	
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90244 043 ***150.00