

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90106 004 ***150.00

DOCUMENT # F95281
 1. Entity Name
MIAMI UROLOGICAL ASSOCIATES, INC.

Principal Place of Business 747 PONCE DE LEON BLVD SUITE 700 CORAL GABLES FL 33134	Mailing Address 747 PONCE DE LEON BLVD SUITE 700 CORAL GABLES FL 33134-2074
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2206158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WASMER, JOSE M., M.D.
747 PONCE DE LEON BLVD.
STE 700
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASMER, JOSE M MD		NAME		
STREET ADDRESS	747 PONCE DE LEON #700		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGGILOLO, LUIS F.		NAME		
STREET ADDRESS	747 PONCE DE LEON #700		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ **DATE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)