2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2004 8:00 am **Secretary of State** DOCUMENT # F95281 1. Entity Name 03-19-2004 90046 013 ***150.00 MIAMI UROLOGICAL ASSOCIATES, INC. Principal Place of Business Mailing Address 747 PONCE DE LEON BLVD 747 PONCE DE LEON BLVD 54019988 SUITE 700 SUITE 700 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2206158 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WASMER, JOSE M., M.D. Street Address (P.O. Box Number is Not Acceptable) 747 PONCE DE LEÓN BLVD. **STE 700 CORAL GABLES FL 33134** City 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. I am familiar with, and accept the obligations of registered ager 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE ☐ Defete TITLE ☐ Change ☐ Addition WASMER, JOSE M MD NAME NAME STREET ADDRESS 747 PONCE DE LEON #700 STREET ADDRESS CKY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ☐ Delete □ Change Addition TITLE TITLE MAGGIOLO, LUIS F. NAME NAME 747 PONCE DE LEON #700 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TIT£€ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 additional miles are empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED