

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90172 045 \*\*\*150.00

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**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-2206158**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

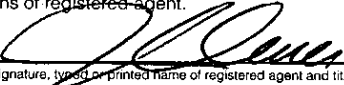
**WASMER, JOSE M., M.D.  
747 PONCE DE LEON BLVD.  
STE 700  
CORAL GABLES FL 33134**

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

SIGNATURE  **1/15** **2-24-03**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 address, with all other like empowered.

SIGNATURE:  **1/15** **2/24-03** **(305) 444-2858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)