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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90010 021 \*\*\*150.00

DOCUMENT # F97000005337

1. Corporation Name

PHYMATRIX UROLOGY NETWORK, INC.

Principal Place of Business

777 SOUTH FLAGLER DR., STE. 1000E  
WEST PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DR., STE. 1000E  
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

65-0787829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE

NAME GOSMAN, ABRAHAM

STREET ADDRESS 777 SOUTH FLAGLER DR., STE. 1000E

CITY-STATE-ZIP WEST PALM BEACH FL 33401

TITLE DP ☒ DELETE

NAME MILLER, ROBERT

STREET ADDRESS 777 SOUTH FLAGLER DR., STE. 1000E

CITY-STATE-ZIP WEST PALM BEACH FL 33401

TITLE CFO ☐ DELETE

NAME LEATHERS, FRED

STREET ADDRESS 777 SOUTH FLAGLER DR., STE. 1000E

CITY-STATE-ZIP WEST PALM BEACH FL 33401

TITLE S ☐ DELETE

NAME SCHUMANN, DENISE

STREET ADDRESS 777 SOUTH FLAGLER DR., STE. 1000E

CITY-STATE-ZIP WEST PALM BEACH FL 33401

TITLE V ☐ DELETE

NAME GARDNER, GREG

STREET ADDRESS 777 SOUTH FLAGLER DR., STE. 1000E

CITY-STATE-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22 1999

Daytime Phone #

CR2E034 (11/98)