2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13409

1. Entity Name

FLORIDA UROLOGICAL INSTITUTE, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90106 015 ***150.00

						600 WE 18					
% FREDDY A. CAMUZZI. M.D. 6450 38TH AVE.N. STE. 110			% FF 6450	Mailing Address % FREDDY A. CAMUZZI, M.D. 6450 38TH AVE.N. STE. 110 ST PETERSBURG FL 33710				A S er inka err a kh ara khaka araw bakin bakin bakin	313 11 3 1311 31311 315	I 111 11 1111 1111	
2. Principal Place of Business			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FEI Number 59-2238000 Applied For Not Applicable			
Zip Country			Zip		Coun	try	5.	Certificate of Status Desired	\$8.75 A	Additional	€
-	6. Name	and Address of Current	Register	ed Agent	<u> </u>		7	Name and Address of New Regist	•	ileo	4
		· · · · · · · · · · · · · · · · · · ·			-	Name		- Name and Address of New Regist	tered Agent		\dashv
CAMUZZI, FREDDY A., M.D.											
6450 38TH AVE. N. STE. 110				Street Address			ss (P.O. E	(P.O. Box Number is Not Acceptable)			
	SBURG FL									·	4
OI FEIER	odunu FL	33710									
						City			FL Zip Co	ode	7
8. The above	named entity	submits this statement for	or the purp	nose of changing its	registoro	d office or regi	otorod oo	gent, or both, in the State of Florida.			4
the obligati	ions of registe	ered agent.	, ale perp	out or onlinging its	registere	a onice or regi	stereu ay	gent, or both, in the State of Florida.	i am tamiliar wit	h, and accept	1
								•			
SIGNATURE _		or printed name of registered agent	and title if and	disable (NOT	T. D '						
			and the napp	I (NOT	:: negistered	Agent signature req	uired when re	einstating)	DATE		
		FEE IS \$150.00	متعین					9. Election Campaign Financin	6 E	00	1
After May 1, 2003 Fee will be \$550.00 State Make Check Payable to Florida Department of State								Trust Fund Contribution.	· — ••	.00 May Be ed to Fees	,
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10.		OFFICERS AND	DIRECTO		11.		AD	DDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 11]
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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: \(\)

FACOU CAMOUN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #