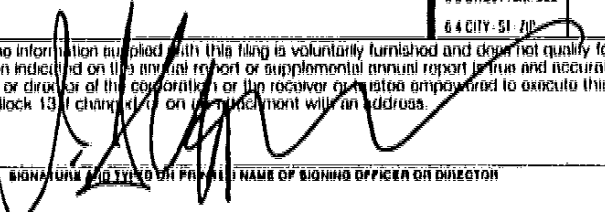


PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF REVENUE Sandra S. Northing Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JUN 26 AM 9:19	
DOCUMENT # K68985 (6)					
1. Corporation Name NORTH FLORIDA UROLOGICAL CENTER, P.A.					
Principal Place of Business 1315 HODGES DRIVE TALLAHASSEE FL 32308		Mailing Address 1315 HODGES DRIVE TALLAHASSEE FL 32308		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1989	
21		26		3a. Date of Last Report 02/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2935314	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 190.022, Florida Statutes ☐ Yes ☐ No	
24		25		29	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GRIFFIN, CHRISTOPHER L. 201 N. FRANKLIN ST SUITE 2100 TAMPA FL 33602				61 Name PIERCE, BOB ATTORNEY	
				62 Street Address (P.O. Box Number is Not Acceptable) 227 S CALHOUN STREET	
				63 PO BOX 391	
				64 City TALLAHASSEE	
				65 Zip Code FL 32301	
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  (NOTE: Registered Agent signature required when registering) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. 1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2. 1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3. 1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4. 1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5. 1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6. 1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I change (X) on the statement with an address.					
SIGNATURE:  6/					
SIGNATURE AND TITLE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (395)