

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90052 039 \*\*\*158.75

**DOCUMENT # K73939**

1. Entity Name  
**OCALA UROLOGY SPECIALISTS, P.A.**

Principal Place of Business 2850 S.E. 3RD COURT 2850 SE THIRD CT OCALA FL 34471 US	Mailing Address SOUTH PINE MEDICAL PARK 2850 SE THIRD COURT OCALA FL 34471 US		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2939427</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
KING, CHARLES T 2850 SE THIRD COURT OCALA FL 34471		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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, CHARLES T. 2850 SE THIRD CT OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, EDWARD D 2850 SE THIRD CT OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with a check address, with all other like empowered.

**SIGNATURE:** CHARLES T. KING 3/30/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (352) 732-6474 Daytime Phone

CR2E034 (10/00)