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FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K74530** (2)
1. Corporation Name
UROLOGY CONSULTANTS OF SOUTH FLORIDA, INC.



Principal Place of Business

% MARVIN STEIN
5800 COLONIAL DRIVE, SUITE 404
MARGATE FL 33063

Mailing Address

% MARVIN STEIN
5800 COLONIAL DRIVE, SUITE 404
MARGATE FL 33063-5679

3. Date Incorporated or Qualified **03/22/1989** 3a. Date of Last Report **01/25/1996**

4. FEI Number **65-0116468** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **1700 UNIVERSITY DR**

Suite, Apt. #, etc.

22 **300**

City & State

23 **CORAL SPRINGS, FL**

Zip

24 **33071**

Country

25 **BOULDER**

2a. Mailing Address

26 **1700 UNIVERSITY DR**

Suite, Apt. #, etc.

27 **300**

City & State

28 **CORAL SPRINGS FL**

Zip

29 **33071**

Country

30 **B**

9. Name and Address of Current Registered Agent

STEIN, MARVIN
5800 COLONIAL DRIVE
SUITE 404
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

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

1700 UNIVERSITY DRIVE

83 **# 300**

84 City **CORAL SPRINGS**

FL

85 Zip Code **33071**

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 Type: ☒ Printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP STEIN, MARVIN**
STREET ADDRESS **5800 COLONIAL DRIVE #404**
CITY-ST-ZIP **MARGATE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-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-ST-ZIP

1700 UNIVERSITY DRIVE # 300
CORAL SPRINGS, FL 33071

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/97
954 341 1881

CR2E034 (9/96)