

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K74530

1. Entity Name

UROLOGY CONSULTANTS OF SOUTH FLORIDA, INC.

FILED

Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90014 019 ***150.00

Principal Place of Business

3801 PGA BLVD
STE 901
PALM BEACH GARDENS FL 33410
US

Mailing Address

3801 PGA BLVD
STE 901
PALM BEACH GARDENS FL 33410-2757
US

2. Principal Place of Business

3. Mailing Address

10 Dorrance Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

Providence RI

Zip

Country

Zip

Country

02903 USA

4. FEI Number

65-0116468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, MARVIN
3801 PGA BLVD
STE 901
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LARENIA KREATZ
SPECIAL ASSISTANT SECRETARY

4/11/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	DP			
	STEIN, MARVIN	3801 PGA BLVD STE 901	PALM BEACH GARDENS FL 33410	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President + CEO/Director	Michael T. Heffernan	10 Dorrance St., Suite 400	Providence, RI 02903		
VP + COO	John Wardle	10 Dorrance St., Suite 400	Providence, RI 02903	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CFO + Treasurer	Gary S. Gillheeney	10 Dorrance St., Suite 400	Providence RI 02903	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP, General Counsel + Secretary	Veronica A. Barrett, Esq.	10 Dorrance St., Suite 400	Providence RI 02903	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Assistant Secretary	Do Nguyen, Esq.	3801 PGA Blvd, Suite 901	Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Veronica A. Barrett

Date

Daytime Phone #

401-831-6755