

2001 UNIFORM BUSINESS REPORT (UBR)

0023620 AF

DOCUMENT # L00000011697

1. Entity Name
UROLOGY SPECIALISTS OF STUART, P.L.

FILED

01 APR -4 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

401 E. OSCEOLA ST.
STUART FL 34994

Mailing Address

401 E. OSCEOLA ST.
STUART FL 34994



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1062051

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, PHILIP H III
4420 BEACON CIRCLE, SUITE 100
WEST PALM BEACH FL 34994

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SUITS, THOMAS C M.D.
401 E. OSCEOLA ST.
STUART FL 34994

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003995337--0
-04/12/01--01120--023
*****50.00 *****50.00

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-23-01

Date

5612209871

Daytime Phone #

CR2E083 (11/00)