

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90129 006 ****50.00

DOCUMENT # L01000020660

1. Entity Name

BRANDON UROLOGICAL ASSOCIATES, LLC

Principal Place of Business

**500 VONDERBURG DRIVE, SUITE 201E
BRANDON FL 33511**

Mailing Address

**500 VONDERBURG DRIVE, SUITE 201E
BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3758427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, MICHAEL D
601 BAYSHORE BLVD., SUITE 700
TAMPA FL 33606**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
James E. Alver, M.D. ☐ Change ☒ Addition
500 Vonderburg Drive, Ste. 201E
Brandon, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Angelo S. Paola, M.D. ☐ Change ☒ Addition
500 Vonderburg Drive, Ste. 201E
Brandon, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Robert L. Karp, M.D. ☐ Change ☒ Addition
500 Vonderburg Drive, Ste. 201E
Brandon, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

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

James E. Alver, M.D., President

Date

Daytime Phone #

813/685-0827

CR2E083 (9/01)