

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 28 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 # L55021 (4)  
1. Corporation Name  
AYRES JONES ATLANTIC UROLOGICAL ASSOCIATES, P.A.

Principal Place of Business  
545 HEALTH BLVD.  
DAYTONA BEACH FL 32114

Mailing Address  
545 HEALTH BLVD.  
DAYTONA BEACH FL 32114



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1990	3a. Date of Last Report 01/27/1997
4. FEI Number 59-3003251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent BROWN, B. THOMAS M.D. 545 HEALTH BLVD. DAYTONA BEACH FL 32114	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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

B. Thomas Brown, M.D.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	JONES, WILLIAM R M.D.
STREET ADDRESS	545 HEALTH BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	VD
NAME	BROWN, THOMAS B., M.D.
STREET ADDRESS	545 HEALTH BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	VD
NAME	DINEEN, MARTIN K M.D.
STREET ADDRESS	545 HEALTH BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	TD
NAME	WESCOTT, JOHN W M.D.
STREET ADDRESS	545 HEALTH BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	SD
NAME	CANTWELL, ANTHONY L M.D.
STREET ADDRESS	545 HEALTH BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

B. Thomas Brown, M.D. 904-239-8500

CR2E034 (4/97)