## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 545 HEALTH BLVD.

DAYTONA BEACH FL 32114

**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L55021

1. Corporation Name

545 HEALTH BLVD.

Principal Place of Business

DAYTONA BEACH FL 32114

AYRES JONES ATLANTIC UROLOGICAL ASSOCIATES, P.A.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3003251 Not Applicable Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State City & State City & State Zip Country Zip Country Applied For Not Applicable Suite, Apt. #, etc. 5. Certifcate of Status Desired - Fee Required Fee Required Trust Fund Contribution Added to Fees State State Applied For Not Applicable State Fee Required Status Desired - Fee Required Fee Required Status Desired - Fee Requir									3. Date Incorporated	or Qualited				
Suite, Apil. #, etc.    Suite, Apil. #, etc.   27				44.77				<del></del> -	03/02/1990			<del></del>	Appl	ind For
Sulte, Apt. #, etc.    22	2. Principal Place of Business			Mailing Address								$\vdash$	<u> </u>	
City & State	21		26	0.71. 4-1.41.44				<del></del>	59-3003251		_	¢0 -		
28   Zip   Country   Zip   Country   Zip   Country   S. This corporation   Added to Fees	¬ ' '			¬ ' ' ' '										
28   29   20   30   8. Thus coporation on whether whether intended Agent   10. Name and Address of New Registered Agent   10. Name and Address   10. Name and Address of New Registered Agent   10. Name and Address   10. Name a	City & State			City & State					6. Election Campaig	n Financing 👝	1	<b>\$5</b> .	<b>00</b> M	lay Be
9. Name and Address of Current Registered Agant 9. Name and Address of Current Registered Agant 10. Name and Address of New Registered Agant 8ROWN, B. THOMAS M.D. 545 HEALTH BLVD DAYTONA BEACH FL 32114  11. Fursional to the provisions of Sections 607 0502 and 607 1508, Florids Statutes. The above-named corporation submits this statement for the purpose of changing lits registered agent. 1 am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes. The above-named corporation submits this statement for the purpose of changing lits registered agent. 1 am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes. The above-named corporation submits this statement for the purpose of changing lits registered agent. 1 am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PD  OFFICERS AND DIRECTORS  12. Note: Registered Agent significe registered by the corporation's board of directors. I hereby accept the appointment as registered agent. 2 the registered agent. 3 the registered a	23		28						Trust Fund Contril	bution		Add	led to	Fees
9. Name and Address of Current Registered Agent  BROWN, B. THOMAS M.D. 545 HEALTH BLVD. DAYTONA BEACH FL 32114  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I minimize with, and accept the obligations of. Section 507,0502 and 607,1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I minimize with, and accept the obligation of. Section 507,0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I minimize with, and accept the obligation of. Section 507,0505, Florida Statules.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-57-2P  JONES, WILLIAM R M.D.  3.0 STREET ADDRESS  3.4 HEALTH BLVD  JONES, WILLIAM R M.D.  3.2 STREET ADDRESS  4.4 City  14. CITY-57-2P  TITLE  VD  ANTONA BEACH FL 32114  DELETE  2.1 TITLE  VD  ANTONA BEACH FL 32114  DELETE  2.2 TITLE  VD  ANTONA BEACH FL 32114  DELETE  2.3 TITLE  VD  ANTONA BEACH FL 32114  DELETE  3.4 LOTY-57-2P  DAYTONA BEACH FL 32114  DELETE  4.1 TITLE  DAYTONA BEACH FL 32114  DELETE  5.4 TITLE  Change  Addition  Addition  STREET ADDRESS  4.5 HEALTH BLVD  CHANGES  4.5 TITLE  DAYTONA BEACH FL 32114  DELETE  5.4 TITLE  Change  Addition  Addition  ADDITIONA BEACH FL 32114  DELETE  5.4 TITLE  Change  Change  Addition  Change  Change  Addition  Change	Zip	Country		Zip	Cou	Country			8. This corporation of	wes the current y	ear Inta		_	_
BROWN, B. THOMAS M.D. 545 HEALTH BLVD. DAYTONA BEACH FL 32114  11. Pursuant to the provisions of Sections 607,0902 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits 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 diffice 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 diffice 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 diffice 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 diffice 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 diffice 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 diffice or registered agent, or both, in the State of Florida, Statutes.  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OTFICE STATE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. OTFICERS AND DIRECTORS IN 12  17. OTFICE STATE ACCRESS  18. TABLE OFFICERS AND DIRECTORS IN 12  19. DAYTONA BEACH FL 32114  11. Pursuant to the provisions of Section 607,000,000 and accept the accept th	24	25	29		30									_No
BROWN, B. THOMAS M.D. 545 HEALTH BLVD. DAYTONA BEACH FL 32114  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 agent. and accept the obligations of, Section 67.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In an accept the obligations of, Section 67.0505, Florida Statutes.  SIGNATURE  Signature, types of protest name of registered agent and title flagolatible.  DONES, WILLIAM R M.D.  SIRECTADRESS 345 HEALTH BLVD  DAYTONA BEACH FL 32114  TITLE  DAYTONA BEACH FL 32114  DOLETE  21 TITLE  DAYTONA BEACH FL 32114  DOLETE  31 STREET ADDRESS  32 STREET ADDRESS  33 STREET ADDRESS  34 HEALTH BLVD  34 STREET ADDRESS  35 STREET ADDRESS  35 STREET ADDRESS  36 STREET ADDRESS  36 STREET ADDRESS  37 STREET ADDRESS  38 STREET ADDRESS  38 STREET ADDRESS  39 STREET ADDRESS  30 STREET ADDRESS  31 STREET ADDRESS  32 STREET ADDRESS  34 STREET ADDRESS  35 STREET ADDRESS  36 STREET ADDRESS  37 STREET ADDRESS  38 STREET ADDRESS  39 STREET ADDRESS  30 STREET ADDRESS  31 STREET ADDRESS  32 STREET ADDRESS  33 STREET ADDRESS  34 STREET ADDRESS  35 STREET ADDRESS  36 STREET ADDRESS  36 STREET ADDRESS  37 STREET ADDRESS  38		9. Name and Address of Current	Regis	tered Agent				1	0. Name and Addre	ess of New Regis	stered A	Agent	<del></del>	<del></del>
STREET ADDRESS (P.O. BOX Notificer is not included in the provisions of Sections 807.6502 and 607.1508, Florida Stenutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, the Side of Florida. Such change was teathered to the corporation's board of directors. I thereby accept the appointment as registered office or registered agent, or both, and accept the obligations of, Section 607.0502, Include Statutes.  SIGNAT URE    12.						81	Name							
S45 HEALTH BLVD. DAYTONA BEACH FL 32114  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 agent. an affentiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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  Time  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  JONES, WILLIAM R M.D.  13. STREET ADDRESS  545 HEALTH BLVD  DAYTONA BEACH FL 32114  TIME  VD  ONY-57-2P  DAYTONA BEACH FL 32114  TIME  VD  ORY-57-2P  DAYTONA BEACH FL 32114  TIME  VB  ORY-57-2P  DAYTONA BEACH FL 32114  TIME  VB  ORY-57-2P  DAYTONA BEACH FL 32114  TIME  VB  ORY-57-2P  DAYTONA BEACH FL 32114  TIME  DAYTONA BEAC						82 Street Address (P.O. Box Number is Not Acceptable)								
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 agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Type of the obligations of, Section 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS							Street Address (1.0. Box Hember to Her Hembers)							
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 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 and accept the obligations of, Section 607,056, Florida Statutes.  SIGMATURE  Signature, type or prenet raine of registered agent and title applicable.  (NOTE Registered Apents agent agent and title applicable.)  (NOTE Registered Apents agent agent agent and title applicable.)  (NOTE Registered Apents agent agen	DAYT	ONA BEACH FL 32114				83	83							
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 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 and accept the obligations of, Section 607,056, Florida Statutes.  SIGMATURE  Signature, type or prenet raine of registered agent and title applicable.  (NOTE Registered Apents agent agent and title applicable.)  (NOTE Registered Apents agent agent agent and title applicable.)  (NOTE Registered Apents agent agen						DA.	City					R5	Zin Co	nde
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SIGNATURE   Signature, Typed or printed name of registered agent and tile if applicable.   (NOTE, Registered Agent signature required when reinstiding)   DATE	office or re	edistered agent, or both, in the State of	Hond	la. Such change was at	ithonzed	י עס נ	tne corpo	oration's	board of directors. I	hereby accept the	в арроіг	ilment a	ıs regi	sterea
12.	=	Il lamiliar will, and accept the obligant	J113 O1,	Obblion bor.cood, i lor	100 0101									
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature, typed or printed name of registered agent a	and title i	f applicable. (NOTE:	Registered	Agent	t signature n	equired whe	en reinstating)		DATE			
TITLE					13.				ADDITIONS/CHAN	IGES TO OFFICE	RS AN	D DIRE	CTOR	S IN 12
NAME   JONES, WILLIAM R M.D.   12 NAME   13 STREET ADDRESS   545 HEALTH BLVD   13 STREET ADDRESS   14 CITY-ST-ZIP   DAYTONA BEACH FL 32114   14 CITY-ST-ZIP   15 TITLE   15 TI		PD		☐ DELETE	1.1 TI	TLE						Cha	nge	☐ Addition
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	CITY-ST-ZIP				6.4 C	ITY-S		L				ole .		<u> </u>

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 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 their effort as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of an attachment with an address, with all other like eppowered.

SIGNATURE:

**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90145 034 \*\*\*150.00

DO NOT WRITE IN THIS SPACE