FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:16

DOCUMENT # **L81360** **(4)**

1. Corporation Name

PLAY UP POMPEY, INC.

Principal Place of Business	Mailing Address
C/O THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYES STREET, SUITE 105 TALLAHASSEE FL 32301	C/O THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYES STREET, SUITE 105 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1990
3a. Date of Last Report: 09/29/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 13-3574283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYES STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HOWE, BRIAN % 120 E. 34 ST., STE 7F NEW YORK NY	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition PRESIDENT HOWE, BRIAN A. C/O D. FEINSTEIN & COMPANY NEW YORK, N.Y. 10016-4820
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition PRESIDENT BRIAN HOWE C/O D. FEINSTEIN & CO. 120 EAST 34TH ST. PH 6 NEW YORK, N.Y. 10016
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 212-684-0830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089747 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **L81713** **(4)**

1. Corporation Name

CHILDREN'S UROLOGY GROUP OF FLORIDA, P.A.

Principal Place of Business	Mailing Address
C/O DENNIS L. HOOVER M.D. 2901 ST. ISABEL SUITE H TAMPA FL 33607	C/O DENNIS L. HOOVER M.D. 2901 ST. ISABEL SUITE H TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 2727 W. Dr. M.L. King Blvd.
Suite, Apt. #, etc. 22: 200
City & State 23: Tampa FL
Zip 24: 33607 Country 25: USA

2a. Mailing Address
26: 2727 W. Dr. M.L. King Blvd.
Suite, Apt. #, etc. 27: 200
City & State 28: Tampa FL
Zip 29: 33607 Country 30: USA

4. FEI Number: **59-3011533** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOOVER, DENNIS L. M.D.
2901 ST. ISABEL SUITE H
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: E. Michael Reisman, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 2727 W. Dr. M.L. King Blvd
83: # 200
84 City: Tampa FL 85 Zip Code: 33607

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: [signature] 5/16/95
(Signature of new registered agent, if changed) (Name of Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	SV	☒ Change ☐ Addition
NAME	HOOVER, DENNIS L. M.D.	12 NAME	Hoover, Dennis L., M.D.	
STREET ADDRESS	2901 ST. ISABEL S-H	13 STREET ADDRESS	2727 W. Dr. M.L. King Blvd, Suite 200	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Tampa FL 33607	
TITLE	SV	21 TITLE	DPT	☒ Change ☐ Addition
NAME	REISMAN, E. MICHAEL M	22 NAME	Reisman, E. Michael, M.D.	
STREET ADDRESS	2901 ST. ISABEL, S-H	23 STREET ADDRESS	2727 W. Dr. M.L. King Blvd, Suite 200	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa FL 33607	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: [signature] MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95
(Date)

(813) 874-7600
(Daytime Phone #)

0298270 CP