

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

FILED

Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L91002 (0)  
1. Corporation Name  
UROLOGICAL AMBULATORY SURGERY CENTER INC.

Principal Place of Business  
1812 NORTH MILLS AVE  
ORLANDO FL 32803

Mailing Address  
1812 NORTH MILLS AVE  
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1990

4. FEI Number

59-3032607

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAUGHAN, DAVID J JR. M.D.  
1812 N MILLS AVE  
ORLANDO, 32803

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
JEFFREY R. THILL  
STREET ADDRESS  
1812 N MILLS AVE  
CITY - ST - ZIP  
ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
PD  
GUNDIAN, JULIO C.  
STREET ADDRESS  
1812 N. MILLS AVE.  
CITY - ST - ZIP  
ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
SD  
PORTERFIELD, JAMES M.  
STREET ADDRESS  
1812 N MILLS AVE  
CITY - ST - ZIP  
ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
D  
ACKERMAN, EDWARD  
STREET ADDRESS  
1812 N MILLS AVE  
CITY - ST - ZIP  
ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
D  
JABLONSKI, DONALD V.  
STREET ADDRESS  
1812 N MILLS AVE  
CITY - ST - ZIP  
ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
D  
KLAIMAN, ALLAN P  
STREET ADDRESS  
1812 N MILLS AVE  
CITY - ST - ZIP  
ORLANDO FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. 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 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:

*[Signature]*

1/9/98

CR2E034 (10/97)