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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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

Mailing Address

Principal Place of Business 1812 NORTH MILLS AVE

FILED Feb 06 1998 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified OS(03/1990) 4. FEI furmber 4. Applied For Suite, Apt. 4, etc. 5. Suite, Apt. 4, etc. 7. Suite, Apt. 4, etc. 8. Suite, Apt.	ORLANDO FL 32803		ORLANDO FL 32803		DO NOT MIDITE IN THE	00405		
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28 County Zip Zi	22		27		5. Certificate of Status Desired			
Zip Country Zip Country B. This comporation owes on his paid the current year Intengible Personal Property Tax due June 30. Yes No No No No Yes No No Yes No No Yes Ye		te	⊢ ,				\$5.00 May Be	
28 28 29 30 Personal Property Tax due June 30 Tes Tes No 9. Name and Address of Current Registered Agent VAUGHAN, DAVID J.JR. M.D. 1812 N. MILLS AVE ORLANDO, 32803 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the source-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 bloard of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bloard of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was 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 bloard of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bloard of directors. I hereby accept the appointment as registered agent and the registered agent and accept the depointment as registered. 10. For Registered Agent signature required in the purpose of changing its registered agent in the purpose of changing its registered. 11. Pursuant to the provisions of Sections 607.6505, Florida Statutes. 12. Total Control						Trust Fund Contribution	Added to Fees	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe					Name	10. Name and Address of New Registered	Agent	
ORLANDO, 32803 Ball City FL 85 Zip Code		· · · · · · · · · · · · · · · · · · ·		61	Ivame			
BS B4 City				82	Street Add	dress (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 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, and accept the obligations of, Section 607,0505, Florida Statutes. Tender	UH	LANDO, 32803		83				
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Signature Sign				1	,		. [] .	
Signature Sign	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							
Signature Sign	agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Fig	aumonzeo b orida Statute	y ine corpora s.	ation's board of directors, I hereby accept the app	cointment as registered	
12								
TITLE				E. Registered Ag	ent signature requ	uired when reinstating) DATE		
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at my signature shall have the same legal effect as if made under oath, that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: