FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE 2. Principal filede of Business 18/12 North Mills Ave. 18/12 N	DOCUMENT # L 91002 1. Entity Name Urological Ambulatory Surgery Center, Inc.							05-02-2002 90046 006 ***150.00				
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9. This corporation is digible to salisty its Mangible Tax Ring requirement and elects to do so. Geo criterio on back) 11. OFFICERS AND DIRECTORS 11. NAME 18.12 North mills Ave. 18.	8. The above	e named entity submits this statement for	the purpose of changing its	registere	ed office or req	gistered a	gent, or both,	in the State of Flo	rida.			
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 of the proposed to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address with all other like empowered. SIGNATURE: David J. Vaushan 4/19/2002 (407)897-3499	STREET ADDRESS	1812 Novth Mills	100	STREE	T ADDRESS						1	
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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 91002 1. Entity Name Urological Ambulato			ADDITI	00				
DO NOT WRITI	E IN THIS S	•						
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	City & State		4. FEI Number	Applied For Not Applicable				
Zip Country	Zip	Country		\$8.75 Additional Fee Required				
		Name	7. Name and Address of Current Registered Agent					
DO NOT W	/RITE		Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SI			Section 33 (1.0. Box Humber is Not Acceptable)					
•		City	FL Zip Code					
8. The above named entity submits this statement if	or the purpose of changing	its registered office or registe	·	•				
SIGNATURE	t and title if anotherwhile (All	OTE: Registered Agent signature require						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	e January 1 - After Ma Amend	- May 1 Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 able to Department of Sta	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees				
11. OFFICERS AND TITLE ASSTS NAME Brady, Jeffrey STREET ADDRESS 1812 North Mills CITY-SI-ZIP Orlando, FL 3280 TITLE ASST. S RAME RIJEVA - Ramer STREET ADDRESS 1812 North Mills CITY-SI-ZIP Orlando, TL 328 TITLE	O. s Ave. 3 i z, Fnoel 115 Ave.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		CR2E034B (12/01)				
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SIGNATURE:SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date Da	ylima Phone #				

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