

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-02-2002 90046 006 ***150.00

DOCUMENT # L91002

1. Entity Name

Urological Ambulatory Surgery Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1812 North Mills Ave.

Suite, Apt. #, etc.

3. Mailing Address

1812 North Mills Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3032607

Applied For

Not Applicable

Zip

32803

Country

U.S.A.

Zip

32803

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Vaughan, David J. Jr. M.D.

Street Address (P.O. Box Number is Not Acceptable)

1812 North Mills Ave

City

Orlando

FL

Zip Code

32803

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

David J. Vaughan, Jr. M.D.

DATE

4/19/2002

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

T
NAME Gundian, Julio C.
STREET ADDRESS 1812 North Mills Ave.
CITY-ST-ZIP Orlando, FL 32803

AS
NAME Jablonski, Donald
STREET ADDRESS 1812 North Mills Ave
CITY-ST-ZIP Orlando, FL 32803

P
NAME Vaughan, David J.
STREET ADDRESS 1812 North Mills Ave
CITY-ST-ZIP Orlando, FL 32803

ND
NAME Klaiman, Allan P.
STREET ADDRESS 1812 North Mills Ave.
CITY-ST-ZIP Orlando, FL 32803

S
NAME Thill, Jeffrey R.
STREET ADDRESS 1812 North Mills Ave.
CITY-ST-ZIP Orlando, FL 32803

AS
NAME Jablonski, David H.
STREET ADDRESS 1812 North Mills Ave.
CITY-ST-ZIP Orlando, FL 32803

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13. 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 report or supplemental 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Vaughan

4/19/2002 (407) 897-3499

Date

Daytime Phone #

CR2E034B (12/01)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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Page H

ADDITION

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City & State

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4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible
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(See criteria on back) ☐

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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst S Brady, Jeffrey D. 1812 North Mills Ave. Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. S Riviera - Rameriz, Enol 1812 North Mills Ave. Orlando, FL 32803
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Page H

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