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
95 JAN 25 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M48241** **(7)**

1. Corporation Name
FLORIDA UROLOGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
8130 ROYAL PALM BLVD..STE.202 CORAL SPGS. FL 33065	8130 ROYAL PALM BLVD..STE.202 CORAL SPGS. FL 33065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1987
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21 1725 University Drive
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Coral Springs, FL
Zip 24 33071 Country 25 Broward

2a. Mailing Address
26 1725 University Drive
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Coral Springs, FL
Zip 29 33071 Country 30 Broward

4. FEI Number: 59-2795719 ☐ 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

VORSTMAN, BERT W.
8130 ROYAL PALM BLVD.,STE.202
CORAL SPGS. FL 33065

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable) 1725 University Drive
93 Suite 400
94 City Coral Springs FL 95 Zip Code 33071

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 _____ 1/24/95
(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	D	1.1 TITLE	☑ Change ☐ Addition
NAME	VORSTMAN, BERT W.	1.2 NAME	
STREET ADDRESS	8130 ROYAL BLVD.,#202	1.3 STREET ADDRESS	1725 University Drive #400
CITY-ST-ZIP	CORAL SPGS. FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 address.

SIGNATURE: _____ 1/24/95 (305) 753-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0110000 CP