FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

•PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham*

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # M48241

(7)

FLORIDA UROLOGICAL ASSOCIATES, P.A.										
Principal Place of Business 1725 UNIVERSTIY DR SUITE 400 CORAL SPGS FL 33071 Principal Place of Business Mailing Address 1725 UNIVERSITY DR SUITE 400 CORAL SPGS FL 33071				R						
SUITE 400 Coral SPGS. FL 33071 US		C	CORAL SPGS. FL 33071 US			3. Date Incorporated or Qualified 3a. Date of Last F 03/12/1987 01/25/				
Principal Place of Business 21 21			Mairing Address			4. FEI Number Applied F 59-2795719			ot Applicable	
Suite, Apt. #,	etc.	27 St	ite. Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State		Cit	y & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Ζ ₁ ρ 24	Country 25	Ziji.	 .	Count	 У		□No		199.032.	
	9. Name and Address of Curre		ed Agent			10. Name and Address of New F	legistered A	genl		
				8	1 Name					
VORSTMAN, BERT W. 1725 UNIVERSITY DR SUITE 400 CORAL SPGS. FL 33071			8	2 Street Addi	ress (P.O. Box Number is Not Acceptat	oke)				
				8	3					
				84 City			FL	85 Zip	Code	
SIGNATURE s	Signature, typico or prigonal naria, of registered as it. OFFICERS A	Said the Capple	cable (N	OTE: Registered A	gent Sign June Sciotte	ো কাকা ক্যান্তবাদ ট্রা ADDITIONS/CHANGES 10 OFF	DATE FICERS AND	DIRECTO'	RS IN 12	
TITLE	D President	7	DELETE	1.171)	F] Change	Addition	
NAME	VORSTMAN, BERT W.)		1.2 NAM	E.					
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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)(k), 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 charged, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 954-752-3166