

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # M48241

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



Principal Place of Business
**1725 UNIVERSITY DR
SUITE 400
CORAL SPGS., FL 33071 US**

Mailing Address
**1725 UNIVERSITY DR
SUITE 400
CORAL SPGS., FL 33071 US**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2795719

Applied
Not App

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VORSTMAN, BERT W.
1725 UNIVERSITY DR
SUITE 400
CORAL SPGS., FL 33071**

**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. I am familiar with, and a
the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000139685
04/29/04-80131-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VORSTMAN, BERT W.
STREET ADDRESS	1725 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPGS., FL
TITLE	DP
NAME	SCARZELLA, DAWN
STREET ADDRESS	1725 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04 796 1142