FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:55

DOCUMENT # N92000000443 (3)

1. Corporation Name
TAMPA BAY UROLOGICAL INSTITUTE, INC.

Principal Place of Business	Mailing Address
~~2225 PARK STREET NORTH~~ ~~ST. PETERSBURG FL 33710~~	~~2225 PARK STREET NORTH~~ ~~ST. PETERSBURG FL 33710~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1992
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3164672 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 11598 SHELLY CIRCLE	26 11598 SHELLY CIRCLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SEMINOLE, FLORIDA	28 City & State: SEMINOLE FLORIDA
24 Zip: 34642 25 Country: USA	29 Zip: 34642 30 Country: USA

9. Name and Address of Current Registered Agent

ROSS, JEREMY P
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	HUDSON, PERRY B M.D.	1.2 NAME	
STREET ADDRESS	~~2225 PARK STREET NORTH~~	1.3 STREET ADDRESS	11598 SHELLY CIRCLE
CITY-ST-ZIP	~~ST. PETERSBURG FL 33710~~	1.4 CITY-ST-ZIP	SEMINOLE, FLORIDA 34624
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ESSRIG, IRVING M M.D.	2.2 NAME	
STREET ADDRESS	2803 BEACH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, GILBERT E	3.2 NAME	
STREET ADDRESS	3103 SAN RAFAEL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	
TITLE	MACK	4.1 TITLE	☐ Change ☐ Addition
NAME	ALL, W. B	4.2 NAME	
STREET ADDRESS	7924 GARDEN DRIVE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DUNN, MARVIN R M.D.	5.2 NAME	
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612-4799	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VOGEL, R. J	6.2 NAME	
STREET ADDRESS	DEPT. OF VETERANS AFFAIRS MEDICAL CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAY PINES FL 33504	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 the 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Perry B Hudson 1/25/95 813 - 398-6661
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR PERRY B. HUDSON, M.D. (Daytime Phone #)

0098108