

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000443 (3)

1. Corporation Name

TAMPA BAY UROLOGICAL INSTITUTE, INC.



Principal Place of Business

11598 SHELLY CIRCLE
SEMINOLE FL 33710
US

Mailing Address

11598 SHELLY CIRCLE
SEMINOLE FL 34642
US

3. Date Incorporated or Qualified
11/10/1992

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, JEREMY P
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HUDSON, PERRY B M.D.
STREET ADDRESS 11598 SHELLY CIRCLE
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE
NAME ESSRIG, IRVING M M.D.
STREET ADDRESS 2803 BEACH DRIVE
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ DELETE
NAME TURNER, GILBERT E
STREET ADDRESS 3103 SAN RAFAEL
CITY-ST-ZIP TAMPA FL 33629

TITLE MACK ☐ DELETE
NAME ALL, W. B
STREET ADDRESS 7924 GARDEN DRIVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D ☒ DELETE
NAME DUNN, MARVIN R M.D.
STREET ADDRESS 12901 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33612-4799

TITLE D ☒ DELETE
NAME VOGEL, R. J
STREET ADDRESS DEPT. OF VETERANS AFFAIRS MEDICAL CENTER
CITY-ST-ZIP BAY PINES FL 33504

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Mackall, W.B.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☒ Addition
5.2 NAME Silbiger, Martin L. M.D.
5.3 STREET ADDRESS 12901 Bruce B. Downs Blvd.
5.4 CITY-ST-ZIP Tampa, FL 33612-4799

6.1 TITLE D ☒ Change ☒ Addition
6.2 NAME Lester Persky, M.D.
6.3 STREET ADDRESS James A. Haley Hospital
6.4 CITY-ST-ZIP Tampa, FL 33612

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 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, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)