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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000443 (3)

1. Corporation Name

TAMPA BAY UROLOGICAL INSTITUTE, INC.



Principal Place of Business	Mailing Address
11598 SHELLY CIRCLE SEMINOLE FL 33710 US	11598 SHELLY CIRCLE SEMINOLE FL 33772-6144 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/10/1992	3a. Date of Last Report 01/31/1996
4. FEI Number 59-3164672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, PERRY B M.D.	1.2 NAME	
STREET ADDRESS	11598 SHELLY CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKALL, W B	4.2 NAME	
STREET ADDRESS	7924 GARDEN DRIVE NORTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBINGER, MARTIN L	5.2 NAME	
STREET ADDRESS	12901 BRUCE B DOWNS BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSKY, LESTER	6.2 NAME	
STREET ADDRESS	JAMES A HALEY HOSPITAL	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 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 PERRY B. HUDSON 1/6/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051677

CR2E037 (9/96)