

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000443 ✓

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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 007 ****61.25

585431 - 90019 - 3



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		11/10/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-3164672	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
4		29		30	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HUDSON, PERRY B M.D.		
STREET ADDRESS	11598 SHELLY CIRCLE		
CITY-ST-ZIP	SEMINOLE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ESSRIG, IRVING M M.D.		
STREET ADDRESS	2803 BEACH DRIVE		
CITY-ST-ZIP	TAMPA FL 33629		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	TURNER, GILBERT E		
STREET ADDRESS	3103 SAN RAFAEL		
CITY-ST-ZIP	TAMPA FL 33629		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MACKALL, W B		
STREET ADDRESS	7924 GARDEN DRIVE NORTH		
CITY-ST-ZIP	ST. PETERSBURG FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SILBIGER, MARTIN L		
STREET ADDRESS	12901 BRUCE B DOWNS BLVD		
CITY-ST-ZIP	TAMPA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	PERSKY, LESTER		
STREET ADDRESS	JAMES A HALEY HOSPITAL		
CITY-ST-ZIP	TAMPA FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-398-6661
Ext. 5486

CR2E037 (5/99)

0011737