FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004603 (6)

1. Corporate Name

SUNCOAST UROLOGY IPA, INC.

Principal Place of Business:
14499 NORTH DALE MABRY HWY
TAMPA FL 33618

Mailing Address:
14499 NORTH DALE MABRY HWY
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994

3a. Date of Last Report:

4. FEI Number: 59-3271948 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

FISHER, JOHN H II
201 NORTH FRANKLIN ST.
SUITE 2100
TAMPA FL 33601

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 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
D	BINDER, MICHAEL M.D.	14499 N. DALE MABRY HWY.	TAMPA FL 33618
D	ALVER, JAMES E M.D.	500 VONDERBURG DR.	BRANDON FL 33511
D	KARP, ROBERT L M.D.	500 VONDERBURG DR.	BRANDON FL 33511
D	BISWAS, MOHENDRA G M.D.	6101 WEBB RD.	TAMPA FL 33615
D	CACCIATORE, HENRY A M.D.	4728 HABANA AVE. NORTH	TAMPA FL 33614
D	COCKBURN, ALDEN M.D.	4700 HABANA AVE. NORTH	TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Title / Name / Street Address / City-St-Zip; [ ] Change [ ] Addition — blank)

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)(n), 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: James E Alver MD TREAS. 4/26/95 813-685-0427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054514