

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000004603 (6)**

1. Corporation Name

SUNCOAST UROLOGY IPA, INC.



Principal Place of Business

Mailing Address

**14499 NORTH DALE MABRY HWY.
TAMPA FL 33618**

**14499 NORTH DALE MABRY HWY.
TAMPA FL 33618**

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3271948

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

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

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 ☐ DELETE
NAME **D BINDER, MICHAEL M.D.**
STREET ADDRESS **14499 N. DALE MABRY HWY.**
CITY - ST - ZIP **TAMPA FL 33618**

TITLE ☐ DELETE
NAME **D ALVER, JAMES E M.D.**
STREET ADDRESS **500 VONDERBURG DR.**
CITY - ST - ZIP **BRANDON FL 33511**

TITLE ☐ DELETE
NAME **D KARP, ROBERT L M.D.**
STREET ADDRESS **500 VONDERBURG DR.**
CITY - ST - ZIP **BRANDON FL 33511**

TITLE ☐ DELETE
NAME **D BISWAS, MOHENDRA G M.D.**
STREET ADDRESS **6101 WEBB RD.**
CITY - ST - ZIP **TAMPA FL 33615**

TITLE ☐ DELETE
NAME **D CACCIATORE, HENRY A M.D.**
STREET ADDRESS **4728 HABANA AVE. NORTH**
CITY - ST - ZIP **TAMPA FL 33614**

TITLE ☐ DELETE
NAME **D COCKBURN, ALDEN M.D.**
STREET ADDRESS **4700 HABANA AVE. NORTH**
CITY - ST - ZIP **TAMPA FL 33614**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (3/96)