

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/19/1994

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME 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 ☐ 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 ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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 (5/98)

FILED
Jul 16 1998 8:00am
Secretary of State

