# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

**DOCUMENT #** N95000001976 (8)

1. Corporation Name

FLORIDA UROLOGICAL SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1133 West Morse Blvd.<br>Suite 201<br>Winter Park, FL 32789 | 1133 West Morse Blvd.<br>Suite 201<br>Winter Park, FL 32789 |

3. Date Incorporated or Qualified: 04/25/1995
3a. Date of Last Report:

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

4. FEI Number: 59-3313203 ☐ 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**

Crow-Segal Management Co., Inc.
1133 West Morse Blvd., Suite 201
Winter Park, FL 32789

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 300001838153
-05/24/96--01029--004

84 City ***61.25 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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PPD | ☒ Change ☐ Addition |
| NAME | Porterfield, James M., Jr., MD | | 1.2 NAME | Porterfield, James M., Jr., M.D. | |
| STREET ADDRESS | 1133 W. Morse Blvd., Suite 201 | | 1.3 STREET ADDRESS | 1812 N. Mills Avenue | |
| CITY-ST-ZIP | Winter Park, FL 32789 | | 1.4 CITY-ST-ZIP | Orlando, FL 32803 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | Sawyer, W. Paul, M.D | | 2.2 NAME | Sawyer, W. Paul, M.D. | |
| STREET ADDRESS | 1133 W. Morse Blv.d, Suite 201 | | 2.3 STREET ADDRESS | 1207 Hodges Drive | |
| CITY-ST-ZIP | Winter Park, FL 32789 | | 2.4 CITY-ST-ZIP | Tallahassee, FL 32303 | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | PED | ☒ Change ☐ Addition |
| NAME | Mawn, Thomas, M.D. | | 3.2 NAME | Mawn, Thomas, M.D. | |
| STREET ADDRESS | 1133 W. Morse Blvd., Suite 201 | | 3.3 STREET ADDRESS | 4710 N. Habana Avenue, #400 | |
| CITY-ST-ZIP | Winter Park, FL 32789 | | 3.4 CITY-ST-ZIP | Tampa, FL 33614 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | Carrion, Herman M., M.D. | | 4.2 NAME | Hirzel, Leon F., III, M.D. | |
| STREET ADDRESS | 1133 W. Morse Blvd., Suite 201 | | 4.3 STREET ADDRESS | 330 SW 27th Avenue, #503 | |
| CITY-ST-ZIP | Winter Park, FL 32789 | | 4.4 CITY-ST-ZIP | Miami, FL 33135 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | Antar, Mohamed, M.D. | | 5.2 NAME | Antar, Mohamed, M.D. | |
| STREET ADDRESS | 1133 W. Morse Blvd., Suite 201 | | 5.3 STREET ADDRESS | 2158 Park Street | |
| CITY-ST-ZIP | Winter Park, FL 32789 | | 5.4 CITY-ST-ZIP | Jacksonville, FL 32204 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | Demler, James, M.D. | | 6.2 NAME | Demler, James, M.D. | |
| STREET ADDRESS | 1133 W. Morse Blvd., Suite 201 | | 6.3 STREET ADDRESS | 1921 Waldemere Street, #504 | |
| CITY-ST-ZIP | Winter Park, FL 32789 | | 6.4 CITY-ST-ZIP | Sarasota, FL 34239 | |

5-23-96

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:** _____ 5/13/96 904-877-2124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)