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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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. SUITE 201 WINTER PARK FL 32789	1133 WEST MORSE BLVD. SUITE 201 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 04/25/1995

4. FEI Number: 59-3313203 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CROW-SEGAL MANAGEMENT CO INC.
1133 WEST MORSE BLVD.
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
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PE	☒ DELETE	1.1 TITLE	STD	☐ Change ☒ Addition
NAME	MCCORMICK, BRYON M		1.2 NAME	BROWN, B. THOMAS	
STREET ADDRESS	80 DOCTORS DRIVE		1.3 STREET ADDRESS	545 HEALTH BLVD.	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	PPD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SAWYER, W. PAUL M.D.		2.2 NAME	BEJANY, DARWICH	
STREET ADDRESS	1207 HODGES DR.		2.3 STREET ADDRESS	1321 NW 14TH STREET #205	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	PD	☐ DELETE	3.1 TITLE	PPD	☒ Change ☐ Addition
NAME	MAWN, THOMAS M.D.		3.2 NAME	MAWN, THOMAS J.	
STREET ADDRESS	4710 HABANA AVE. #400		3.3 STREET ADDRESS	4710 N. HABANA AVENUE #400	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HIRZEL, LEON F III MD		4.2 NAME	SELLINGER, SCOTT B.	
STREET ADDRESS	330 SW 27TH AVE. #503		4.3 STREET ADDRESS	1207 HODGES DRIVE	
CITY-ST-ZIP	MIAMI FL 33135		4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	STD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	ACKERMAN, EDWARD M		5.2 NAME	ACKERMAN, EDWARD M.	
STREET ADDRESS	1812 N. MILLIS AVE.		5.3 STREET ADDRESS	1812 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SUJKA, STAN M		6.2 NAME		
STREET ADDRESS	415 BRIERCLIFF DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: _____ 4/1/98 407-647-8839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #