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04-09-1999 90069 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001976**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/25/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3313203 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	STD	☐ DELETE	1.1 TITLE	PE/D	XX Change ☐ Addition
NAME	BROWN, B THOMAS		1.2 NAME	BROWN, B. THOMAS	
STREET ADDRESS	545 HEALTH BLVD		1.3 STREET ADDRESS	545 HEALTH BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BEJANY, DARWIHC		2.2 NAME	VAUGHN, DAVID J.	
STREET ADDRESS	1321 NW 14TH ST SUITE 205		2.3 STREET ADDRESS	1812 N. MILLS AVENUE	
CITY-ST-ZIP	MIAMI FL 33125		2.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	PPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAWN, THOMAS J		3.2 NAME		
STREET ADDRESS	4710 N HABANA AVE SUITE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SELLINGER, SCOTT B		4.2 NAME	BLASSER, MAC	
STREET ADDRESS	1207 HODGES DR		4.3 STREET ADDRESS	1715 VILLAGE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ACKERMAN, EDWARD M		5.2 NAME		
STREET ADDRESS	1812 N MILLS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SUJKA, STAN M		6.2 NAME	STRINGER, THOMAS	
STREET ADDRESS	415 BRIERCLIFF DRIVE		6.3 STREET ADDRESS	609 W. HIGHLAND BLVD.	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	INVERNESS, FL 34452	

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, with all other like empowered.

SIGNATURE: Edward M. Ackerman REQUIRED 4-7-99 407-647-8637
Date Daytime Phone #

CR2E037 (11/98)