2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90015 015 ****61.25

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1. Entity 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

01292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
222 S Westmonte Drive	222 S Westmonte Drive
Suite, Apt. #, etc.: Ste 101	Suite, Apt. #, etc.: Ste 101
City & State: Altamonte Springs FL	City & State: Altamonte Springs FL
Zip: 32714 Country: USA	Zip: 32714 Country: USA

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROW-SEGAL MANAGEMENT CO INC. 1133 WEST MORSE BLVD. WINTER PARK, FL 32789	Name: Barbara Beatty Street Address (P.O. Box Number is Not Acceptable): 222 S Westmonte Drive Ste 101 City: Altamonte Springs FL Zip Code: 32714

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barbara Beatty Barbara Beatty DATE: 2/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD BROWN, RUSKIN 1411 N FLAGLER DRIVE, #5300 WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Castellanos, Ron 507 Del Prado Blvd Cape Coral FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISS, STEPHEN 685 PEACHWOOD DRIVE DELAND, FL 32720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Stringer, Thomas F. 609 West Highland Blvd Inverness FL 34452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DINEEN, MARTIN 541 HEALTH BLVD DAYTONA BEACH, FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED Beatty, Barbara 222 S Westmonte Drive Ste 101 Altamonte Springs FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASCIONE, CARL 1601 SW ARCHER ROAD GAINESVILLE, FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SELLINGER, SCOTT 2000 CENTRE POINTE BLVD TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED CASTELLANOS, RON 507 DEL PRADA BLVD CAPE CORAL, FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Beatty Barbara Beatty 2/23/04 407-774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #