

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1023

DOCUMENT # N95000001976 1. Entity Name FLORIDA UROLOGICAL SOCIETY, INC.						FILED 05 MAR 30 PM 1:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 222 S. WESTMORE DRIVE STE 101 ALTAMONTE SPRINGS, FL 32714				Mailing Address 222 S. WESTMORE DRIVE STE 101 ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business 1111 N. PLAZA DRIVE		3. Mailing Address 1111 N. PLAZA DRIVE					
Suite, Apt. #, etc. SUITE 550		Suite, Apt. #, etc. SUITE 550					
City & State SCHAUMBURG, IL		City & State SCHAUMBURG, IL					
Zip 60173		Country USA		Zip 60173		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 BEATTY, BARBARA 222 S WESTMONTE DRIVE STE 101 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 E 6TH AVE. City TALLAHASSEE FL Zip Code 32303			
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 Signature, typed or printed name of registered agent and title if applicable				Danny Bennett (NOTE: Registered Agent signature required when reinstating)		03/30/2005 DATE	
Filing Fee is \$61.25 Due by May 1, 2005				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	PD CASTELLANOS, RON 507 DEL PRADO BLVD. CAPE CORAL, FL 33990 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Scott Barrett Sellinger, M.D. 2000 Centre Pointe Blvd. Tallahassee, FL 32303 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRINGER, THOMAS F 609 WEST HIGHLAND BLVD. INVERNESS, FL 34452 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Wendy J. Weiser 1111 N. Plaza Dr. Ste 550 Schaumburg, IL 60173 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BEATTY, BARBARA 222 S. WESTMONTE DRIVE STE 101 ALTAMONTE SPRINGS, FL 32714 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Thomas F. Stringer M.D. 609 W. Highland Blvd. Inverness, FL 34452 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SELLINGER, SCOTT 2000 CENTRE POINTE BLVD TALLAHASSEE, FL 32308 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Raymond J. Leveillee, M.D. PO Box 016960 (M-814) Miami, FL 33101 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				WENDY J. WEISER Date			
3/29/05 Daytime Phone #							

2053

Florida Urological Society
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2004-2005

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