

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90005 020 ****61.25

DOCUMENT # N95000001976 1. Entity Name FLORIDA UROLOGICAL SOCIETY, INC.					
Principal Place of Business 1111 N. PLAZA DRIVE SUITE 550 SCHAUMBURG, IL 60173			Mailing Address 1111 N. PLAZA DRIVE SUITE 550 SCHAUMBURG, IL 60173		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip			
03082006 Chg-NP CR2E037 (11/05)				4. FEI Number 59-3313203	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 236 E. 6TH AVENUE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P SELLINGER, SCOTT BARRETT M.D. 2000 CENTRE POINTE BLVD. TALLAHASSEE, FL 32303	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STRINGER, THOMAS F M.D 609 W HIGHLAND BLVD INVERNESS	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WEISER, WENDY J 1111 N. PLAZA DRIVE SCHAUMBURG, IL 60173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT RAYMOND LEVEILLE M.D 406 Miami / Dept of Urology 1400 NW 10 Ave, Ste 504 Miami, FL 33135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE STRINGER, THOMAS F M.D. 609 W. HIGHLAND BLVD. INVERNESS, FL 34452	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT C. NEWMANN MD 406 F. DEPT OF UROLOGY PO BOX 100247 - JHM HC / 1600 SW GAINESVILLE, FL 32610	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEVEILLE, RAYMOND J M.D. P.O. BOX 016960 (M-814) MIAMI, FL 33101	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARK ANDREW ALAGNA M.D SUNCOAST UROLOGY 13906 Lakeshore Blvd, Ste 320 HUDSON, FL 34667	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEJANY, DARWICH E M.D. 1321 N.W. 14TH STREET MIAMI, FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASSER, MARC HEPNER M.D. 1715 VILLAGE WAY ORANGE PARK, FL 32073	☒ 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 exemptions contained in Chapter 119, 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: <u>W. J. Weiser</u> 2/11/06 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

40034007 ATTACHMENT # 09500000976

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2005-2006

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