2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001976

FILED Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90041 014 ****61.25

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		40020963					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		- 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122007 _{CI}	hg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-331320)3			olied For Applicable
Zip	Country	Zip	Country		5. Certificate of SI	tatus Desired		3.75 Addi e Required	
	6. Name and Address of Current	Registered Agent	1		7. Name and Add	ress of New F	egistered Age	ent	
COPPOR	TE 100500 NO		Name		<u></u>	 			
CORPORATE ACCESS, INC. 236 E. 6TH AVENUE TALLAHASSEE, FL 32303				Street Address (P.O. Box Number is Not Acceptable)					
TALLATIAGGLE, I E 32300									
			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. am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee Is \$61.25 9. Election Campaign Filing by May 1, 2007 Trust Fund Contribution				· _	\$5.00 May Be Added to Fees		lake check p		
10.	OFFICERS AND DI		11.		ADDITIONS/CHANG	<u> </u>	<u> </u>		
TITLE	P OFFICERS AND DI	Delete	TITLE		T PRESIDEN			Change	Addition
NAME	STRINEER, THOMAS F MD	CT Delete	NAME	STO	INSSEED. THO	MAS FMI	<u>ر</u> ر	ZI-Criange	
STREET ADDRESS	609 W, HIGHLAND BLVD		STREET ADDRES	s 700°	9 w.Highlan	a biva			
CITY-ST-ZIP	INVERNESS, FL 34452		CITY - ST-ZIP	IIM	remess. F	L 344	<u>sa</u> _		
TITLE	PE	☐ Delete	TITLE	PR	ESIDENT	WOULK ME	, 5	Change	☐ Addition
NAME STREET ADDRESS	LEVEILEE, RAYMOND MD 1400 NW 10 AVE., SUITE 509		NAME STREET ADDRES	SLUVE	EILEGI RAYI	VE. 518	509 '		
CITY-ST-ZIP	MIAMI, FL 33135		CITY - ST-ZIP	1400	AMI FL 3	3135	,		
TITLE	T	☐ Delete	TITLE	1 11/100	1/10/17 61	20 -		Change	Addition
NAME	NEWMANN, ROBERT C MD		NAME	NEU	NMANN ROBOT 10024	BUT C M	1.0	0	_
STREET ADDRESS	P.O. BOX 100247/ 1600 SW AB	CHER ROAD	STREET AUDRES	s P 0 0	10024 10024 1NESVILLE,	7/1600 S	WAKEN	EK K-J-	^
CITY-ST-ZIP	GAINESVILLE, FL 32610		CITY-ST-ZIP						
TITLE NAME	D ALAGNA, MARK ANDREW MD	Delete	TITLE NAME	740	epsurer 15e 1eman John 1 Jefford S	BON RUSS	JEMO L	Change	Addition
STREET ADDRESS	13906 LAKESHORE BLVD., SU	·	STREET ADDRES	s Dil	Jefford 5	t BlyI	>		'
CITY-ST-ZIP	HUDSON, FL 34667	1	CITY-ST-ZIP	101.61	AKCUPATEK, ILL	・ランドンダ	,		. /
TITLE	D	Delete	TITLE			A 2000		Change	Addition
NAME	BEJANY, DARWICH E M.D.	~	NAME	WEX	N. Plaza	Bristes	5O		'
STREET ADDRESS	1321 N.W. 14TH STREET MIAMI, FL 33125		STREET ADDRES	BAIN.	aumburg	IL W	73		
TITLE		☐ Delete	TITLE	-		, = 0		Change	☐ Addition
NAME		□ Delete	NAME				ι	_1 ∩isqu@s	C Value
STREET ADDRESS			STREET ADDRES	is					!
CITY - ST-ZIP			CITY-ST-ZIP					·	
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 its report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of the corporation of the corporation of the receiver or trustee empowered.									

SIGNATURE: __