2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N95000001976

Entity Name: FLORIDA UROLOGICAL SOCIETY, INC.

Current Principal Place of Business:

1100 E. WOODFIELD ROAD
SUITE 520
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

1100 E. WOODFIELD ROAD
SUITE 520
SCHAUMBURG, IL 60173

New Mailing Address:

FEI Number: 59-3313203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 E. 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEWMAN, ROBERT C MD
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610

Title: PP ( ) Delete
Name: LEVEILEE, RAYMOND MD
Address: 1400 NW 10 AVE., SUITE 509
City-St-Zip: MIAMI, FL 33135

Title: T/S ( ) Delete
Name: WEHLE, MICHAEL J MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: PE ( ) Delete
Name: JOHNSON-ROSS, THURMAN JR MD
Address: 1011 JEFFORD ST D
City-St-Zip: CLEARWATER, FL 33756

Title: ED ( ) Delete
Name: WEISER, WENDY J
Address: 1111 N PLAZA DR STE 500
City-St-Zip: SCHAUMBURG, IL 60173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change ( ) Addition
Name: GRABLE, MICHAEL S MD
Address: 685 PEACHWOOD DR #1
City-St-Zip: GAINESVILLE, FL 32610

Title: PP (X) Change ( ) Addition
Name: NEWMAN, ROBERT C MD
Address: PO BOX 100247-JHMHC 1600 ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610

Title: PE (X) Change ( ) Addition
Name: WEHLE, MICHAEL J MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: P (X) Change ( ) Addition
Name: JOHNSON-ROSS, THURMAN JR MD
Address: 1011 JEFFORD ST D
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY J WEISER ED 02/10/2009

Electronic Signature of Signing Officer or Director — Date