2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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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: 59-6142159 **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: PRES
Name: GRABLE, MICHAEL S MD
Address: 685 PEACHWOOD DR #1
City-St-Zip: GAINESVILLE, FL 32610

Title: PR E
Name: REGAN, TERRENCE C MD
Address: ATLANTA URO ASSOC - 21 HOSPITAL DR 140
City-St-Zip: CLEARWATER, FL 33756

Title: PP
Name: WEHLE, MICHAEL J MD
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: SC/T
Name: MICHAEL, BINDER M
Address: UF PO BOX 100247
City-St-Zip: GAINESVILLE, FL 32610

Title: ED
Name: WEISER, WENDY J
Address: 1100 E WOODFIELD RD, STE 520
City-St-Zip: SCHAUMBURG, IL 60173

I hereby 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 all other like empowered.

SIGNATURE: WENDY J WEISER ED 02/03/2011

Electronic Signature of Signing Officer or Director — Date