

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006572

1. Entity Name

SOCIETY FOR URINARY CONTINENCE CENTERS OF AMERIC

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90013 020 \*\*\*\*70.00

Principal Place of Business

Mailing Address

7000 S.W. 62ND AVENUE  
SUITE 100  
SOUTH MIAMI FL 33143

7000 S.W. 62ND AVENUE  
SUITE 100  
SOUTH MIAMI FL 33143-4717

2. Principal Place of Business

3. Mailing Address

7000 SW 62 Avenue

7000 SW 62 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

South Miami

South Miami FL

Zip 33143

Country U.S.

Zip 33143

Country U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, GEORGE M M.D.  
7000 S.W. 62ND AVENUE  
SUITE 100  
SOUTH MIAMI FL 33143

Name Suarez, George M. M.D.

Street Address (P.O. Box Number is Not Acceptable)

Suite 100

City South Miami

FL

Zip Code 33143

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME SUAREZ, GEORGE M M.D.  
STREET ADDRESS 7000 S.W. 62ND AVENUE  
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FIELDSTON, RONALD R ESQ.  
STREET ADDRESS 10305 S.W. 68TH COURT  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WELZEN, JAMES CPA  
STREET ADDRESS 5100 N.W. 33RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1/28/00. 305-7400994  
Date Daytime Phone #

CR2E037 (9/99)