

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90083 029 ***150.00

DOCUMENT # P36555 MED Urological, Inc.

1. Corporation Name
MN AMERICAN MEDICAL SYSTEMS, INC.

Principal Place of Business

11001 BREN RD E
MINNETONKA MN 55343
US

Mailing Address

235 E 42 STR
26 FL
NEW YORK NY 10017
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

41-0987230

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 235 E. 42 St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 26 fl.

27

City & State

City & State

23 New York, NY

28

Zip Country

Zip Country

24 10017

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BOOTH, DAVID	11001 BREN ROAD EAST	MINNETONKA MN	<input checked="" type="checkbox"/>
C	CLEVELAND, ROBIN R	1101 BREN RD E	MINNETONKA MN 55343	<input checked="" type="checkbox"/>
S	ROSS, ROBERT	235 E 42ND ST	NEW ORK NY	<input checked="" type="checkbox"/>
AS	BEITHON, PATRICIA	11001 BREN ROAD EAST	MINNETONKA MN	<input checked="" type="checkbox"/>
AS	DERMAN, ALLEN	235 E 42ND ST	NEW YORK NY	<input checked="" type="checkbox"/>
D	GRAY, P. NIGEL	235 E 42ND ST	NEW YORK NY	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	P. Nigel Gray	235 E. 42 St.	New York, NY 10017	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CFO	Thomas Lawlor	235 E. 42 St.	New York, NY 10017	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	David Reid	235 E. 42 St.	New York, NY 10017	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AS	Gary Genasci	235 East 42 St.	New York, NY 10017	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AS	Steven Kany	235 E. 42 St.	New York, NY 10017	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)