

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000008957 (0)**

1. Corporation Name
UROLOGY HEALTH SERVICES, INC.



Principal Place of Business Mailing Address
**3982 BEE RIDGE ROAD
BUILDING H SUITE J
SARASOTA FL 34233**

3. Date Incorporated or Qualified **01/24/1994** 3a. Date of Last Report **08/23/1995**
4. FEI Number **65-0473858** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3982 BEE RIDGE RD.** 26 **3982 BEE RIDGE RD.**
22 **Bldg. H Suite H** 27 **Bldg. H Suite H**
23 **SARASOTA FLA** 28 **SARASOTA FLA.**
24 **34233** 25 **USA** 29 **34233** 30 **USA**

9. Name and Address of Current Registered Agent
**PELFREY, ROBERT J
3982 BEE RIDGE ROAD
BUILDING H- STE J
SARASOTA FL 34233**

10. Name and Address of New Registered Agent
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 *Robert J. Pelfrey*
Signature of principal or person named as registered agent and the applicable (NOTE: Registered Agent signature required when listed first) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	PELFREY, ROBERT J	
STREET ADDRESS	3982 BEE RIDGE ROAD, H-7	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V. President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PELFREY, Robert J.	
13 STREET ADDRESS	3982 Bee Ridge Rd Suite H	
14 CITY-ST-ZIP	SARASOTA FLA 34233	
21 TITLE	Pres/ Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Patricia M. Pelfrey	
23 STREET ADDRESS	3982 Bee Ridge Rd. Suite H	
24 CITY-ST-ZIP	SARASOTA, FLA 34233	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Robert J. Pelfrey* **RJ Pelfrey Vice President 7-7-96** **941-921-9026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY, MONTH, YEAR

CR2E034 (3/96)