

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

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.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Bldg. H Suite H

27 Bldg. H Suite H

City & State

City & State

23 SARASOTA FLA

28 SARASOTA FLA

Zip

Country

24 34233

25 USA

29 34233

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELFREY, ROBERT J
3982 BEE RIDGE ROAD
BUILDING H- STE J
SARASOTA FL 34233

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's signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME PELFREY, ROBERT J
STREET ADDRESS 3982 BEE RIDGE ROAD, H-7
CITY-ST-ZIP SARASOTA FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE V-President / Director
12 NAME PELFREY, Robert J.
13 STREET ADDRESS 3982 Bee Ridge Rd Suite H
14 CITY-ST-ZIP SARASOTA, FLA 34233

21 TITLE Vice President / Director
22 NAME Patricia M. Pelfrey
23 STREET ADDRESS 3982 Bee Ridge Rd. Suite H
24 CITY-ST-ZIP SARASOTA, FLA 34233

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date (if different)

CR2E034 (3/96)