


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT -2 AM 8:00

**DOCUMENT #** P94000092766

1. Entity Name  
**MANATEE UROLOGY, P.A.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4705 26th Street West</b>		3. Mailing Address <b>4705 26th Street West</b>	
Suite, Apt. #, etc. <b>Suite B</b>		Suite, Apt. #, etc. <b>Suite B</b>	
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton, FL</b>	
Zip <b>34207</b>	Country <b>US</b>	Zip <b>34207</b>	Country <b>US</b>

300023826683  
10/15/03--01059--011 \*\*61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0544052</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

MRS

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**G. Austin Hill**

Street Address (P.O. Box Number is Not Acceptable)  
**4705 26th Street West - Suite B**

City  
**Bradenton** FL Zip Code  
**34207**

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE *G. Austin Hill*

Sign Name, in full or partial name of the registrant, as applicable. (NOTE: Registered Agent Signature required when applicable.)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$300.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P Hill, G. Austin 4705 26th Street West Suite B Bradenton, FL 34207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S/T Rucker, George Bindo 4705 26th Street West Suite B Bradenton, FL 34207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(a), 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 holder of a trust empowered to execute this report, as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other the employees.

SIGNATURE: *G. Austin Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**G. Austin Hill, President**