SECOND AMOUNT DU	O NOTICE: CORPORATION WI E ON OR BEFORE 8/7/96: \$225 (IF	LL BE DISSOLVED ON DISSOLVED, MINIMUM	OR AFTER AUG	UST 7, 1996. Revostate: \$375.)		
PROFIT CORPORATION ANNUAL REPORT 1996		FLOF	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
1. Corporation		00005182	• •			
UROL .	OGY ASSOCIATES OF I	NORTH CENTRAL	FLORIDA, P.	A	I JARONERA JUB PROPI RATU PRATA RATU	ERIS ACTA OTRA TOTAL TOTAL ADVA NATO NATO NATO
Į.	ce of Business	Mailing Addre			L LOTALETT HE FINE ONLY CONTRACTOR	
6440 W NEWBERRY RD SUITE 409 GAINESVILLE FL 32605		SUITE 409	6440 W NEWBERRY RD SUITE 409 GAINESVILLE FL 32605		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Ac	Idress		06/30/1995 4. FEI Number 59-3323521	Applied For
Suite, Apt	#, elc.	Suite, Apt	#, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & State	e	City & Stat	е		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Zip 29	30	ountry	This corporation has liability for Florida Statutes	Added to Fees Attang ble tax under s. 199 032. Yes No
TI	Name and Address of Cu HOMPSON, J. DEREK ,	urrent Registered Agen		81 Name	10. Name and Address of New Re	
ALIA MI NEWERRAN DE					dress (P.O. Box Number is Not Acceptab	le)
GAINESVILLE FL 32605						
11. Pursuant	to the provisions of Sections 607	0502 and 607 1509. Fig.	rida Ctatutaa th	84 City		FL 85 Zip Code
agent La	egistered agent, or both, in the S m familiar with, and accept the o	itate of Florida, Such cha bligations of, Section 60	nge was authonz 7.0505, Florida St	above-named corp ed by the corporat alutes.	noration submits this statement for the purion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature typed or printed namic of registers			cred Agent signature requ		DATE
TITLE	D	AND DIRECTORS	DELETE 11	TITLE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	THOMPSON, J. DEREK 6440 W NEWBERRY RD	CLUTE 400		NAME		
CITY-ST-ZIP	GAINESVILLE FL 32605	SUITE 409		STREET ADDRESS CITY - ST - ZIP		ļ č
TITLE			DC: CTC	TITLE		Cnange Addition
NAME STREET ADDRESS				NAME		
CITY-ST-ZIP	·			STREET ADDRESS CITY - ST_ ZIP		
TITLE			DEL CAC	TITLE		Change Addition
NAME STREET ADDRESS			3 2	NAME		_
DITY-ST-ZIP				STREET ADDRESS CITY+ST-ZIP		
TITLE			NEVE YE	TITLE		Change Addition
NAME			4 2	NAME		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS		
TITLE			Sere re	CITY-ST-ZIP TITLE	30000189	U3B3ange Addition
NAME			52	NAME	30000189 -07/11/960101 ***225.00	3032
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	***225.00	
TITLE				C-TY - ST - ZIP TITLE	17.104	January Addition
NAME				NAME		Addition Addition
STREET ADDRESS				STREET ADDRESS		\$ 1 B
14. I do hereby	y certify that the information supp	plied with this filing is vol	otoribe furnished	onty-st-zip and does not qual	ify for the exemption stated in Section 1	9 07/3)/k) Florida Statutos I
made unde	er path, that I am an officer or dir	ector of the corporation	supplemental and	irustee empowered	mo accurate and that my signature shall I to execute this report as required by Cl	have the same legal offect as if hapter 617. Florida Statutes: and
that my name appears in Block 12 or Block 13 iffchanged or on an attachment with an address.						
SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF TIGHTING OFFICER OR DIRECTOR. Object to Block 12 or Block 12 or Block 15 informative of the printed of the						