

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062164

1. Entity Name

GATEWAY UROLOGICAL, INC.

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90025 008 ***150.00

Principal Place of Business

Mailing Address

11830 LAKESHORE PL
N PALM BCH FL 33408
US

11830 LAKESHORE PL
N PALM BCH FL 33408-3206
US

2. Principal Place of Business

5305 Greenwood Ave.

3. Mailing Address

5305 Greenwood Ave.

Suite, Apt. #, etc.

Ste. 206

Suite, Apt. #, etc.

Ste. 206

City & State

West Palm Bch, FL

City & State

West Palm Beach, FL

Zip

33407

Country

US

Zip

33407

Country

US
Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0668410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSER, MARY
11830 LAKESHORE PL
NORTH PALM BCH FL 33408

7. Name and Address of New Registered Agent

Name

Joseph V. D'Angelo, M.D.

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

5305 Greenwood Ave, Ste 206

City

West Palm Bch

FL

Zip Code

33407

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.

SIGNATURE Joseph V. D'Angelo, M.D., PA.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME HUSER, MARY
STREET ADDRESS 11830 LAKESHORE PL
CITY-ST-ZIP NORTH PALM BCH FL 33408

☒ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
NAME Joseph V. D'Angelo, M.D.
STREET ADDRESS 5305 Greenwood Ave, Ste. 206
CITY-ST-ZIP West Palm Beach, FL 33407

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on 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 #

4/17/00 (561) 626-8774

CR2E034 (9/99)