

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 NOV 10 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025130

1. Corporation Name

UROLOGY CLINICS OF FLORIDA, P.A.

Principal Place of Business

Mailing Address

710 Lomax Street
Jacksonville, FL 32204

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

March 21, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3367197

Not Applicable

Zip

Country

Zip

Country

32210

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	SEE ATTACHED LIST		
			800002344848--5 -11/12/97--D1084--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~Richard D. Brock~~
~~1301 Riverplace Boulevard~~
~~Suite 2400~~
~~Jacksonville, FL 32207~~

Name

Jim John

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

4250 Lakeside Drive

Suite, Apt. #, Etc.

Suite 212

City

Jacksonville

State

FL

Zip Code

32210

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/27/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] President

Date

11/5/97 914 355 6587

Daytime Phone #

CR2E040 (12/96)

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UROLOGY CLINICS OF FLORIDA, P.A.

<u>Name/Address</u>	<u>Title</u>
Joseph B. Stokes, Jr., M.D. 710 Lomax Street Jacksonville, FL 32204	Director
Jack L. Sapolsky, M.D. 710 Lomax Street Jacksonville, FL 32204	Director
James N. Burt, M.D., President 710 Lomax Street Jacksonville, FL 32204	President/Director
Paul M. Crum, M.D. 710 Lomax Street Jacksonville, FL 32204	Director
John R. Whittaker, M.D. 710 Lomax Street Jacksonville, FL 32204	Director
James A. Baldock, M.D. 710 Lomax Street Jacksonville, FL 32204	Director
Richard H. Lewis, M.D. 710 Lomax Street Jacksonville, FL 32204	Director
Christopher P. Tardif, M.D. 710 Lomax Street Jacksonville, FL 32204	Director
Marc H. Blasser, M.D. 1715 Village Way Orange Park, FL 32073	Director
Rollin W. Baerss, M.D. 1715 Village Way Orange Park, FL 32073	Director
James E. Kaelin, M.D. 836 Prudential Drive, Suite 906 Jacksonville, FL 32207	Secretary/Director
Alan R. Eckels, M.D. 836 Prudential Drive, Suite 906 Jacksonville, FL 32207	Treasurer/Director

③

David L. Dalton, M.D.
4203 Belfort Road, Suite 365
Jacksonville, FL 32216

Director

Mohammed N. Mona, M.D.
12926 Riverplace Court
Jacksonville, FL 32223

Director

Floyd S. Gonder, M.D.
3599 University Blvd., S.
Suite 603
Jacksonville, FL 32216

Director