

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthahn  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000025130 (1)

1. Corporation Name  
UROLOGY CLINICS OF FLORIDA, P.A.

Principal Place of Business  
710 LOMAX STREET  
JACKSONVILLE FL 32204

Mailing Address  
4250 LAKESIDE DRIVE  
SUITE 212  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

59-3367197

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1725 BLANDING BLVD.

Suite, Apt. #, etc.

27 SUITE 105

City & State

28 JACKSONVILLE, FL

29 Zip Country

30 32210 USA

9. Name and Address of Current Registered Agent

JOHN, JIM  
4250 LAKESIDE DRIVE  
SUITE 212  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

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

83 1725 BLANDING BLVD

84 SUITE 105

City JACKSONVILLE

FL

85 Zip Code

32210

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STOKES, JOSEPH B JR, MD  
STREET ADDRESS 710 LOMAX STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ DELETE

TITLE D  
NAME SAPOLSKY, JACK L M.D.  
STREET ADDRESS 710 LOMAX STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ DELETE

TITLE PD  
NAME BURT, JAMES N M.D.  
STREET ADDRESS 710 LOMAX STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ DELETE

TITLE D  
NAME CRUM, PAUL M M.D.  
STREET ADDRESS 710 LOMAX STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ DELETE

TITLE D  
NAME WHITTAKER, JOHN R M.D.  
STREET ADDRESS 710 LOMAX STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ DELETE

TITLE D  
NAME BALDOCK, JAMES A M.D.  
STREET ADDRESS 710 LOMAX STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in  
Block 12 or Block 13 if changed or on an attachment with an address.

CR2E034 (10/97)