

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025130

1. Entity Name

UROLOGY CLINICS OF FLORIDA, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90022 035 ***150.00

Principal Place of Business

Mailing Address

710 LOMAX STREET
JACKSONVILLE FL 32204

1725 BLANDING BLVD
STE 105
JAX FL 32210-1948
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3367197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAEIN, JAMES F MD
1725 BLANDING BLVD
STE 105
JAX FL 32210

Name

WHITTAKER, JOHN R. M.D.

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

710 LOMAX STREET

City

JACKSONVILLE

FL

Zip Code
32204

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAEIN, JAMES E MD	
STREET ADDRESS	1725 BLANDING BLVD #105	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURT, JAMES N M.D.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUM, PAUL M M.D.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTAKER, JOHN R M.D.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDOCK, JAMES A M.D.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	EONDER, FLOYD S. MD	
STREET ADDRESS	1725 BLANDING BLVD #105	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAEIN, JAMES E M.D.	
STREET ADDRESS	710 Lomax Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, JOHN R M.D.	
STREET ADDRESS	710 LOMAX STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONDER, FLOYD S. MD	
STREET ADDRESS	710 Lomax Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	

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: X

SIGNATURE OF OFFICER OR DIRECTOR

JOHN R. WHITTAKER M.D. PRESIDENT

Date

Daytime Phone #

CP2E034 (9/99)