

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025130

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

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90444 035 ***150.00

Principal Place of Business

710 LOMAX STREET
JACKSONVILLE FL 32204

Mailing Address

1725 BLANDING BLVD
STE 105
JAX FL 32210
US

2. Principal Place of Business

3. Mailing Address

710 LOMAX ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX, FL

4. FEI Number 59-3367197

Applied For

Not Applicable

Zip

Country

Zip

Country

32204

DUVAL

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

WHITTAKER, JOHN R MD
710 LOMAX STREET
JACKSONVILLE FL 32204

Name

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

City

FL

Zip Code

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KAELIN, JAMES E MD 710 LOMAX ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, JAMES N M.D. 710 LOMAX STREET JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUM, PAUL M.M.D. 710 LOMAX STREET JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITTAKER, JOHN R M.D. 710 LOMAX STREET JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDOCK, JAMES A M.D. 710 LOMAX STREET JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONDER, FLOYD S MD 710 LOMAX ST JACKSONVILLE FL 32204	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, RICHARD H 710 LOMAX ST JAX, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)