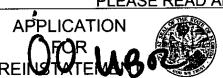
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P96000055436 DOCUMENT #

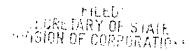
1. Corporation Name

UROLOGY, P.A.

Principal Place of Business

Mailing Address

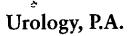
6546 NW 97TH DR PARKLAND FL 33078 -6540 NW-97TH-DR PARKLAND FL 33070



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		at leadann			
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, if Applicable 3. New Mailing Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, City & State Country Country Zip Zip Country Zip	ong Office Address, If A	East Fu Fu USA.	To Do Busin 5. FEI Number 6. CERTIFICATE ast 3 directors)	65-0678772 OF STATUS DESIRED □	06/26/1996 Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status / State / Zip
D SOUAID, VICTOR	\$38/ L	n either I	Or. E.	PARKLAND FL 33078	195 FL 33067
			91	000346 -11/17/00- ****158.0	:88797 01072014)0 ****150.80
		1		ddaga of New Register	and Amont
8. Name and Address of Current Registered Agent SOUAID, VICTOR 8546 NW 97TH DR 5381 Leituar Dr. E. PARKLAND FL 33078 Coral Springs FL 33067.		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL			
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 REDITED Date REDITERED AGENT MUST SIGN 11. 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					
11. I certify that I am an officer or director or the receiver or trustee e this reinstatement application, the reason for dissolution has been owed by the corporation have been paid and the names of indivi- on this application is true and accurate, and my signature shall ha	n eliminated, the corpo duals listed on this forr	rate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401 or 61	17.0401, F.Ş., that all fees



Victor J. Souaid, M.D. C.M., F.R.C.S.C.



Board Certified in Urology

November 8, 2000

Department of State Division of Corporations 409 East Gaines St. Tallahassee FL. 32399

Dear Sir or Madam:

I am enclosing a check in the amount of \$150.00 for the annual report fee. I did not receive an application in the mail prior to this date. I spoke to Mr. Shawn Toner at your office and have been told to communicate this to you. My new address is:

Victor J. Souaid, M.D. 5381 E. Leitner Drive Coral Springs, FL. 33067

Sincerely,

Victor J. Souaid, M.D.

VJS/sl