

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061785 (7)

1. Corporation Name
CITRUS UROLOGY CENTER, INC.



Principal Place of Business 3475 S SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448	Mailing Address 3475 S SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448-2322
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3. Date Incorporated or Qualified 07/23/1996	3a. Date of Last Report
4. FEI Number 59-3387636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent BARNES, G. MAX 10113 KIMBROUGH DRIVE BROOKSVILLE FL 34601	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code FL

10. Name and Address of New Registered Agent
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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 title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D ZELNERONOK, NICHOLAI
NAME	3475 S SUNCOAST BLVD.
STREET ADDRESS	HOMOSASSA SPRINGS FL 34448
CITY-ST-ZIP	
TITLE	D STRINGER, THOMAS F
NAME	609 W HIGHLAND BLVD.
STREET ADDRESS	INVERNESS FL 34452
CITY-ST-ZIP	
TITLE	D DETURE, FRANCIS A
NAME	609 W HIGHLAND BLVD.
STREET ADDRESS	INVERNESS FL 34452
CITY-ST-ZIP	
TITLE	D DESAI, PARESH G
NAME	3475 S SUNCOAST BLVD.
STREET ADDRESS	HOMOSASSA SPRINGS FL 34448
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	ALCORN, STEPHEN W.
1.3 STREET ADDRESS	609 W. Highland Blvd.
1.4 CITY-ST-ZIP	Inverness, FL 34452
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  4/20/97 352-726-9007

CR2E034 (9/96)