04221999-90102-038-$150.00-$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -7 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061785

1. Corporation Name
CITRUS UROLOGY CENTER, INC.

Principal Place of Business	Mailing Address
3475 S SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448	3475 S SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448

4/22/99 90102 038 $150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3387636	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARNES, G. MAX
10113 KIMBROUGH DRIVE
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name: Francis A DeTure MD
82 Street Address (P.O. Box Number is Not Acceptable): 609 W Highland Blvd
83
84 City: Inverness FL 85 Zip Code: 34452

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: X Francis A DeTure MD 10/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZELNERONOK, NICHOLAI 3475 S SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRINGER, THOMAS F 609 W HIGHLAND BLVD. INVERNESS FL 34452	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DETURE, FRANCIS A 609 W HIGHLAND BLVD. INVERNESS FL 34452	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESAI, PARESH G 3475 S SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALCORN, STEPHEN W 609 W HIGHLAND BLVD INVERNESS FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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 added to the attachment with an address, with all other like empowered.

SIGNATURE: [illegible] 10/5/99 352-527-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/96)