

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-11-2002 90025 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077370

1. Entity Name:

ADVANCED UROLOGY ASSOCIATES, P.A.

Principal Place of Business

3627 UNIVERSITY BLVDS
SUITE 245
JACKSONVILLE FL 32216
US

Mailing Address

3627 UNIVERSITY BLVDS
SUITE 245
JACKSONVILLE FL 32216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3627 University Blvd S

Suite, Apt. #, etc.

3627 University Blvd S

City & State

Suite 245

City & State

Suite 245

Zip

Country

Zip

Country

4. FEI Number

59-3400631

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

WEIDNER, DONALD W

11265 ALUMNI WAY STE 201

JACKSONVILLE FL 32248

Name

Mark-L. Abramson, M.D.

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

3627 University Blvd., South, #245

City

Jacksonville,

FL

Zip Code

32216

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)

4/2/02
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, 2002 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 D ☐ Delete
NAME SHAH, SHAILENDU K MD
STREET ADDRESS 6038 BENNET ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ABRAMSON, MARK L MD
STREET ADDRESS 3627 UNIVERSITY BLVD. SUITE 245
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MIQUEL, GEORGE JR
STREET ADDRESS 3627 UNIVERSITY BLVD. SUITE 255
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

02/26/02

904+346-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)