

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 16 1997 8:00am  
Secretary of State

DOCUMENT # P96000100234 (9)

1. Corporation Name

ALL FLORIDA UROLOGY ASSOCIATES, INC.

Principal Place of Business

111 SECOND AVENUE, N.E.  
SUITE 1201  
ST. PETERSBURG FL 33701

Mailing Address

111 SECOND AVENUE, N.E.  
SUITE 1201  
ST. PETERSBURG FL 33701-3443



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/11/1996

3a. Date of Last Report

4. FEI Number

59-3416928

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

TUSHINSKI, WILLIAM H  
111 SECOND AVENUE, N.E.  
SUITE 1201  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D  
NAME Emilio F. Lastarria, M.D.  
STREET ADDRESS 111 2nd Ave. N.E., Ste. 1201  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE V/D  
NAME J.M. Zachary, M.D.  
STREET ADDRESS 111 2nd Ave. N.E., Ste. 1201  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE T/D  
NAME David Jacob, M.D.  
STREET ADDRESS 111 2nd Ave. N.E., Ste. 1201  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE S/D  
NAME Pavitar S. Cheema  
STREET ADDRESS 111 2nd Ave. N.E., Ste. 1201  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D  
NAME William H. Tushinski  
STREET ADDRESS 111 2nd Ave. N.E., Ste. 1201  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *William H. Tushinski* 5/12/97 89C-4600

CR2E034 (9/96)