

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000100234 (9)

1. Corporation Name

ALL FLORIDA UROLOGY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13615 BRUCE B Downs Blvd Suite, Apt. #, etc. #111 City & State TAMPA, FL Zip 33613		2a. Mailing Address 26 13615 BRUCE B Downs Blvd Suite, Apt. #, etc. #111 City & State TAMPA, FL Zip 33613		3. Date Incorporated or Qualified 12/11/1996	
25 USA		29 USA		4. FEI Number 59-3416928	
23		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 **Lastarria, Emilio F. M.D.**
82 Street Address (P.O. Box Number is Not Acceptable)
13615 BRUCE B Downs Blvd #111
83
84 City **TAMPA** **FL** **85 Zip Code** **33613**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LASTARRIA, EMILIO F MD	1.2 NAME	LASTARRIA, EMILIO F MD
STREET ADDRESS	111 2ND AVE NE STE 1201	1.3 STREET ADDRESS	13615 BRUCE B Downs #111
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	TAMPA FL 33613
TITLE	VD	2.1 TITLE	VD
NAME	ZACHARY, J M MD	2.2 NAME	ZACHARY J M MD
STREET ADDRESS	111 2ND AVE NE STE 1201	2.3 STREET ADDRESS	13615 BRUCE B Downs #111
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	TAMPA FL 33613
TITLE	TD	3.1 TITLE	TD
NAME	JACOB, DAVID MD	3.2 NAME	JACOB, DAVID MD
STREET ADDRESS	111 2ND AVE NE STE 1201	3.3 STREET ADDRESS	13615 BRUCE B Downs #111
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	TAMPA FL 33613
TITLE	SD	4.1 TITLE	SD
NAME	PAVITAR, CHEEMA S	4.2 NAME	PAVITAR, CHEEMA S
STREET ADDRESS	111 2ND AVE NE STE 1201	4.3 STREET ADDRESS	13615 BRUCE B Downs #111
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	TAMPA FL 33613
TITLE	D	5.1 TITLE	
NAME	TUSHINSKI, WILLIAM H	5.2 NAME	
STREET ADDRESS	111 2ND AVE NE STE 1201	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 in an attachment with an address.

SIGNATURE:

4/4/98

CR2E034 (10/97)