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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100234 (9)

ALL FLORIDA UROLOGY ASSOCIATES, INC.

FILED
May 08 1998 8:00am
Secretary of State

		FEO, ING				
Principal Place	of Business	Mailing Address	<del></del>		III OBSIL OSIDI IIBII OBIIT BBIXO IIBOD IEIRI OIDI 1800	
111 SECOND AVENUE, N.E.		111 SECOND AVENUE, N.E.				
SUITE 1201		SUITE 1201		00.00	DO NOT WRITE IN THE CRACE	
ST. PETERSBURG FL 33701 ST. PETERS		ST. PETERSBURG FL 337	<b>101</b>		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					dameo	
2. Principal Plac	oe of Business	2a. Mailing Address		12/11/1996 4. FEI Number	Applied For	
21 13615	BRUCE B Davis Bul		B Down	Puro 59-3416928	Not Applicable	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			S8 75 Additional	
22 <sup>24</sup>		27 #111		5. Certificate of Status De	Fee Required	
City & State	 	City & State		6, Election Campaign Fina	ancing \$5.00 May Be	
23 TAMPA		28 TAMPA, FL		Trust Fund Contribution		
Zip 24 33613	Country 25 USA	Zip '	Country 30 USA	1 '	or has paid the current year Intangible	
24 53015	25 USA g. Name and Address of Current	29 33613 Registered Agent	30 0 > 24	Personal Property Tax of 10. Name and Address of		
710		Trogistores Again	81 Nam			
	HINSKI, WILLIAM H		' ' '	Lastarria, Emil	<del></del>	
	SECOND AVENUE, N.E.		82 Stree	Address (P.O. Box Number is Not a 3615 BRUCE B Down	Acceptable) # 111	
	'E 1201 PETERSBURG FL 33701		83	- VI DINOCE D DOWN.	3 1 1	
51. F	PETERSBURG PE 33701					
			84 City	TAMPA	FL 33613	
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statute	es, the above-name			
office or re	gistered agent, or both, in Vie State of	of Florida. Such change was a	uthorized by the co vide Statutes	rporation's board of directors. I here	for the purpose of changing its registered by accept the appointment as registered	
POPUL LAUS			njou otatutos.			
		I I A A				
SIGNATURE	gnature, typod or finded nan e of registered agost	$\mathcal{M}$		re required when reinstating)	DATÉ	
SIGNATURE		Land title if applicable ROTE DIRECTORS		re required when reinstating)  ADDITIONS/CHANGES	DATE O OFFICERS AND DIRECTORS IN 12	
SIGNATURE SI	gnature typed or funded run e of registered agest OFFICERS AND	and title if applicable ROTE	Registered Agent signati	ADDITIONS/CHANGES	DATE  O OFFICERS AND DIRECTORS IN 12  Change Addition	
SIGNATURE SI	grature typed or instead rain of registered agent OFFICERS AND PO LASTARRIA, EMILIO F MD	Land title if applicable ROTE DIRECTORS	Registered Agent signatu	ADDITIONS/CHANGES	DATE  O OFFICERS AND DIRECTORS IN 12  Change Addition	
SIGNATURE SI	PO LASTARRIA, EMILIO F MD 111 2ND AVE NE STE 1201	Land title if applicable ROTE DIRECTORS	13.	ADDITIONS/CHANGES  PD LASTARRIA, EMILIO 13615 BRULEB POWN	DATE  O OFFICERS AND DIRECTORS IN 12  Change Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND PO LASTARRIA, EMILIO F MD 111 2ND AVE NE STE 1201 ST PETERSBURG FL	and title if applicable POTE DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES  ADDITIONS/CHANGES  PD LASTARRIA, EMILIO 13615 BRULEB POWN TAMPA FL 33613	DATE TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND PO LASTARRIA, EMILIO F MD 111 2ND AVE NE STE 1201 ST PETERSBURG FL VD	Land title if applicable ROTE DIRECTORS	Registered Agent signate  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES  PD LASTARRIA, EMILIO 13615 BRULEB DOWN. TAMPA FL 33613	DATE  O OFFICERS AND DIRECTORS IN 12  Change Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND OFFICERS AND LASTARRIA, EMILIO F MD 111 2ND AVE NE STE 1201 ST PETERSBURG FL VD ZACHARY, J M MD	and title if applicable POTE DIRECTORS DELETE	Registered Agent signate  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	PD LASTARRIA, EMILIO 13615 BRULEB POWN. TAMPA FL 33613 VO ZACHARY 5 M MO	DATE  TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
SIGNATURE  112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PO LASTARRIA, EMILIO F MO 111 2ND AVE NE STE 1201 ST PETERSBURG FL VO ZACHARY, J M MD 111 2ND AVE NE STE 1201	and title if applicable POTE DIRECTORS DELETE	Registered Agent signate  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ADDITIONS/CHANGES TO ADDITIONS	DATE  TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
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