

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90100 005 ***150.00

DOCUMENT # P96000100234

1. Entity Name

ALL FLORIDA UROLOGY ASSOCIATES, INC.

Principal Place of Business

13615 BRUCE B DOWNS BLVD
 TAMPA FL 33613
 US

Mailing Address

509 S HYDE PARK AVE
 TAMPA FL 33606-2266
 US

2. Principal Place of Business

4450 East Fletcher Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite C

City & State
 Tampa, Florida

City & State

Zip
 33613

Country
 U.S.

Zip

Country

4. FEI Number

59-3416928

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LASTARRIA, EMILIO F M.
 13615 BRUCE B DOWNS BLVD #111
 TAMPA FL 33613

7. Name and Address of New Registered Agent

Name **LASTARRIA, EMILIO F.M.**

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

4450 EAST FLETCHER AVENUE

City **TAMPA**

FL

Zip **33613**

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)

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LASTARRIA, EMILIO F MD	
STREET ADDRESS	13615 BRUCE B DOWNS #111	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZACHARY, J M MD	
STREET ADDRESS	13615 BRUCE B DOWNS #111	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOB, DAVID MD	
STREET ADDRESS	13615 BRUCE B DOWNS #111	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAVITAR, CHEEMA S	
STREET ADDRESS	13615 BRUCE B DOWNS BLVD #111	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Emilio Lastarría, M.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-971-9850

CR2F034 (9/99)