

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90056 043 ***150.00

DOCUMENT # P97000029053

1. Entity Name

FIRST COAST UROLOGY, P.A.

Principal Place of Business

**STE. 6015, MEDICAL CENTER PLAZA
 580 W. 8TH ST.
 JACKSONVILLE FL 32209**

Mailing Address

**STE. 6015, MEDICAL CENTER PLAZA
 580 W. 8TH ST.
 JACKSONVILLE FL 32209**

2. Principal Place of Business

**836 PRUDENTIAL DR
 SUITE, Apt. #, etc.
 #1502**

3. Mailing Address

**836 PRUDENTIAL DR
 SUITE, Apt. #, etc.
 #1502**

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-3430714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWARTZ, DOUGLAS A
 STE. 6015, MEDICAL CENTER PLAZA
 580 W. 8TH ST.
 JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent

Name

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

836 PRUDENTIAL DR

SUITE 1502

City

JACKSONVILLE

FL

Zip Code

32207

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

Douglas A. Swartz
 Signature, typed or printed name of registered agent and title if applicable.

DOUGLAS A. SWARTZ
 (NOTE: Registered Agent signature required when reinstating)

DATE

1/10/01

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, 2001 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 **DPST** ☐ Delete
 NAME **SWARTZ, DOUGLAS A**
 STREET ADDRESS **STE. 6015, 580 W. 8TH ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **DOUGLAS SWARTZ**
 STREET ADDRESS **836 PRUDENTIAL DR #1502**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

Douglas A. Swartz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DOUGLAS A. SWARTZ 1/10/01 3965340

Daytime Phone #

CR2E034 (10/00)