

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000030815**

1. Entity Name

FLORIDA UROLOGY ASSOCIATES, INC.**FILED**
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90011 038 ***550.00

Principal Place of Business

**2509 PARTRIDGE DRIVE
WINTER HAVEN FL 33884-3033**

Mailing Address

**PO BOX 1626
WINTER HAVEN FL 33883-1626****C0075013**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3504566**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZISKIND & ARVIN, P.A.
444 BRICKELL AVENUE SUITE 905
MIAMI FL 33131**

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHELGREN, JOHN	
STREET ADDRESS	2509 PARTRIDGE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884-3033	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, ROBERT	
STREET ADDRESS	635 FIRST ST N	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOULAN, MICHAEL	
STREET ADDRESS	635 FIRST ST N	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 another, or empowered.

SIGNATURE:

John Shelgren, MD President**8/6/01 883-293-119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0533040