

APPROVED  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000047244</b>			
1. Corporation Name <b>UTI - UROLOGY TREATMENT CENTER, P.A.</b>			
Principal Place of Business <b>1921 WALDMERE STREET #310 SARASOTA FL 34239</b>		Mailing Address <b>1921 WALDMERE STREET #310 SARASOTA FL 34239</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
3. Date Incorporated or Qualified <b>05/27/1998</b>		4. FEI Number <b>65-0838463</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number Is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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: _____ DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BARZELL, WINSTON E M.D.		
STREET ADDRESS	1921 WALDMERE STREET #310		
CITY-ST-ZIP	SARASOTA FL 34239		
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			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

Feb 12, 1999 (941) 917-8488