

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90037 007 \*\*\*150.00

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DOCUMENT # P98000059341

1. Entity Name

P.M.N.C. UROLOGY RESEARCH CENTER OF SOUTH FLORID

Principal Place of Business

2665 SOUTH BAYSHORE DR.  
C/O MARSHA G. MADORSKY. ESQ.  
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DR.  
C/O MARSHA G. MADORSKY. ESQ.  
MIAMI FL 33133

2. Principal Place of Business

100 SE Second Street

Suite, Apt. #, etc.  
Suite 4000

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

100 SE Second Street

Suite, Apt. #, etc.  
Suite 4000

City & State

Miami, Florida

Zip

33131

Country

USA

4. FEI Number

65-0850108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MADORSKY, MARSHA G  
2665 SOUTH BAYSHORE DR.  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Marsha G. Madorsky

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

100 SE Second Street

Suite 4000

City

Miami

FL

Zip Code

33131

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

3-2-01

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 ☐ Delete  
NAME D  
STREET ADDRESS MADORSKY, MARSHA G  
CITY-ST-ZIP 2665 SOUTH BAYSHORE DR.  
MIAMI FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D  
STREET ADDRESS MARSHA G. MADORSKY  
CITY-ST-ZIP 100 SE 2nd Street, Suite 4000  
Miami, Florida 33131

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/01 305-265-2853

CR2E034 (10/00)