2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90890 018 ***150.00

DOCUMENT # P99000037854

1. Entity Name
GREENE UROLOGICAL CENTER, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
261 North Causeway		Post Office Box 1210	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: New Smyrna Beach, FL		City & State: New Smyrna Beach, FL	
Zip: 32169	County: Volusia	Zip: 32170	County: Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3570433 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Greene, John E., M.D.
Street Address (P.O. Box Number is Not Acceptable): 261 North Causeway
City: New Smyrna Beach FL Zip Code: 32169

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See instructions on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P/D
NAME	Greene, John E., M.D.
STREET ADDRESS	261 North Causeway
CITY-ST-ZIP	New Smyrna Beach, FL 32169

DO NOT WRITE IN THIS SPACE

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: John E. Greene, MD President (386) 426-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
JOHN E. GREENE, M.D., President