

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:15

DOCUMENT # S08586

(7)

1. Corporation Name

ASSOCIATED FLORIDA UROLOGISTS, P.A.

Principal Place of Business

6388 SILVER STAR RD
SUITE 2A
ORLANDO FL 32818

Mailing Address

6388 SILVER STAR RD
SUITE 2A
ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1990

3a. Date of Last Report

02/07/1994

2. Principal Place of Business

21 6388 SILVER STAR RD

2a. Mailing Address

26 SAME AS #2

4. FEI Number

59-3043675

Applied For

Not Applicable

Suite, Apt. #, etc.

22 2A

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 ORLANDO FLORIDA

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 32818

Country

25 ORANGE

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HILWA, NABIL MD
6388 SILVER STAR RD
SUITE 2A
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HILWA, NABIL MD
STREET ADDRESS 6388 SILVER STAR RD #2A
CITY-ST-ZIP ORLANDO FL

TITLE T
NAME HILWA, GHADA
STREET ADDRESS 6388 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL

TITLE S
NAME COSMAR, JAYNE
STREET ADDRESS 6388 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

NABIL HILWA, M.D.

Date

1/25/95

Telephone Number

407-298-6951