## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001976

Entity Name: FLORIDA UROLOGICAL SOCIETY, INC.

FILED
Apr 25, 2022
Secretary of State
6844018095CC

## **Current Principal Place of Business:**

1100 E. WOODFIELD ROAD

SUITE 350

SCHAUMBURG, IL 60173

## **Current Mailing Address:**

1100 E. WOODFIELD ROAD

SUITE 350

SCHAUMBURG, IL 60173 US

FEI Number: 59-6142159 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

INCORP SERVICES INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

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: JANICE NULL 04/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PAST PRESIDENT Title PRESIDENT

Name BRAHMBHATT, JAMIN MD Name HAKIM, LAWRENCE S. MD

Address THE PUR CLINIC Address CLEVELAND CLINIC FLORIDA

1920 DON WICKHAM DRIVE SUITE 2950 CLEVELAND CLINIC BLVD.

City-State-Zip: WESTON FL 33331-3609

Title PRESIDENT-ELECT ... SECRETARY/TREASURER

Name THIEL, DAVID D. MD
Name BALL, ADAM JAMES MD

Address GULFSTREAM UROLOGY

Address GULFSTREAM UROLOGY

Address Addres

GULFSTREAM UROLOGY
ASSOCIATION
City-State-Zip: JACKSONVILLE FL 32224

579 NW LAKE WHITNEY PLACE SUITE

105

City-State-Zip: PORT ST. LUCIE FL 34986

Title SECRETARY/TREASURER ELECT

Name PAREKATTIL, SIJO J. MD

Address AVANT CONCIERGE UROLOGY

15548 W. COLONIAL DRIVE

City-State-Zip: WINTER GARDEN FL 34787

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID D. THIEL

SECRETARY/TREASURER 04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date