

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001976

Entity Name: FLORIDA UROLOGICAL SOCIETY, INC.**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

03/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SEXTON, WADE JEFFERS MD
Address MOFFITT CANCER CENTER
 12902 MAGNOLIA DRIVE
City-State-Zip: TAMPA FL 33612

Title PRESIDENT ELECT
Name RIVERA, ROLANDO MD
Address GOLFSHORE UROLOGY
 955 10TH AVENUE
City-State-Zip: NAPLES FL 34102

Title EXECUTIVE DIRECTOR
Name MURPHY, PAM
Address 1100 E WOODFIELD ROAD
 SUITE 350
City-State-Zip: SCHAUMBURG IL 60173

Title SECRETARY/TREASURER
Name CARRION, RAFAEL MD
Address RESEARCH DIRECTOR, USF
 UROLOGY
 2 TAMPA GENERAL CIRCLE SOUTH
 TAMPA CENTER, 6TH FLOOR
City-State-Zip: TAMPA FL 33606

Title PAST PRESIDENT
Name YOUNG, PAUL MD
Address MAYO CLINIC JACKSONVILLE,
 UROLOGY DEPT.
 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224-1865

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: RAFAEL E. CARRION, MD**SECRETARY/TREASURER** 03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date