2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001976

Entity Name: FLORIDA UROLOGICAL SOCIETY, INC.

FILED
Mar 01, 2018
Secretary of State
CC4124749547

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 03/01/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title PAST PRESIDENT

Name CARRION, RAFAEL MD Name RIVERA, ROLANDO MD

Address RESEARCH DIRECTOR, USF Address 21ST CENTURY ONCOLOGY - GSUF

UROLOGY 28930 TRAILS EDGE BLVD SUITE 200
2 TAMPA GENERAL CIRCLE SOUTH City State 7 in PONITA SERVINGS EL 24424

Name

2 TAMPA GENERAL CIRCLE SOUTH City-State-Zip: BONITA SPRINGS FL 34134
TAMPA CENTER, 6TH FLOOR

City-State-Zip: TAMPA FL 33606

City-State-Zip. TAMPA PL 33606 Title SECRETARY/TREASURER

Title PRESIDENT - ELECT Name PATEL, VIPOL R. MID

Name I FE KEVIN KLDONG MD Address FLORIDA HOSPITAL - CELEBRATION

Name LEE, KEVIN KI-DONG MD Address FLORIDA HOSPITAL - CELEBR HEALTH

Address BOND CLINIC PA 410 CELEBRATION PLACE SUITE 200 500 E. CENTRAL AVENUE City State 7ip: CELEBRATION EL 22747

City-State-Zip: CELEBRATION FL 32747
City-State-Zip: WINTER HAVEN FL 33880

Title SECRETARY/TREASURER - ELECT

Name BRAHMBHATT, JAMIN MD

Address THE PUR CLINIC

1920 DON WICKHAM DRIVE SUITE

130

City-State-Zip: CLERMONT FL 34711

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: VIPUL R. PATEL

SECRETARY/TREASURER 03/01/2018

PATEL, VIPUL R. MD