

2013 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 520
SCHAUMBURG, IL 60173

Current Mailing Address:

1100 E. WOODFIELD ROAD
SUITE 520
SCHAUMBURG, IL 60173

FEI Number: 59-6142159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 E. 6TH AVENUE
TALLAHASSEE, FL 32303 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PP
Name	GRABLE, MICHAEL SMD
Address	685 PEACHWOOD DR #1
City-State-Zip:	GAINESVILLE FL 32610
Title	PR E
Name	MICHAEL, BINDER AMD
Address	UNIV OF FLORIDA PO BOX 100247
City-State-Zip:	GAINESVILLE FL 32610
Title	ED
Name	WEISER, WENDY J
Address	1100 E WOODFIELD RD, STE 520
City-State-Zip:	SCHAUMBURG IL 60173

Title	PRES
Name	REGAN, TERENCE CMD
Address	ATLANTA URO ASSOC - 21 HOSPITAL DR 140
City-State-Zip:	CLEARWATER FL 33756
Title	SC/T
Name	VINCENT, BIRD GMD
Address	PO BOX 100247
City-State-Zip:	GAINESVILLE FL 32610

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: WENDY J. WEISER

DIRECTOR

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date