

**2024 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.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                                                             |
|-----------------|-----------------------------------------------------------------------------|
| Title           | PAST PRESIDENT                                                              |
| Name            | BALL, ADAM JAMES MD                                                         |
| Address         | GULFSTREAM UROLOGY<br>ASSOCIATION<br>579 NW LAKE WHITNEY PLACE SUITE<br>105 |
| City-State-Zip: | PORT ST. LUCIE FL 34986                                                     |

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Title           | PRESIDENT ELECT                                    |
| Name            | PAREKATTIL, SIJO J. MD                             |
| Address         | AVANT CONCIERGE UROLOGY<br>15548 W. COLONIAL DRIVE |
| City-State-Zip: | WINTER GARDEN FL 34787                             |

|                 |                           |
|-----------------|---------------------------|
| Title           | SECRETARY/TREASURER ELECT |
| Name            | VAISH, SNEHA SHAH MD      |
| Address         | 1100 E WOODFIELD RD       |
| City-State-Zip: | SCHAUMBURG IL 60173       |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | PRESIDENT                                             |
| Name            | THIEL, DAVID D. MD                                    |
| Address         | MAYO CLINIC FLORIDA<br>4500 SAN PABLO ROAD            |
| City-State-Zip: | JACKSONVILLE FL 32224                                 |
| Title           | SECRETARY/TREASURER                                   |
| Name            | PATEL, TRUSHAR                                        |
| Address         | UNIVERSITY OF SOUTH FLORIDA<br>2 TAMPA GENERAL CIRCLE |
| City-State-Zip: | TAMPA FL 33606                                        |

*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:** TRUSHAR PATEL, MD**SECRETARY/TREASURER** 04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date