

**2020 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**03/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | PAST PRESIDENT                          |
| Name            | LEE, KEVIN KI-DONG MD                   |
| Address         | BOND CLINIC PA<br>500 E. CENTRAL AVENUE |
| City-State-Zip: | WINTER HAVEN FL 33880                   |

|                 |                                                              |
|-----------------|--------------------------------------------------------------|
| Title           | PRESIDENT                                                    |
| Name            | PATEL, VIPUL R. MD                                           |
| Address         | GLOBAL ROBOTICS INSTITUTE<br>410 CELEBRATION PLACE SUITE 200 |
| City-State-Zip: | CELEBRATION FL 32747                                         |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| Title           | PRESIDENT-ELECT                                       |
| Name            | BRAHMBHATT, JAMIN MD                                  |
| Address         | THE PUR CLINIC<br>1920 DON WICKHAM DRIVE SUITE<br>130 |
| City-State-Zip: | CLERMONT FL 34711                                     |

|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Title           | SECRETARY/TREASURER                                     |
| Name            | HAKIM, LAWRENCE S. MD                                   |
| Address         | CLEVELAND CLINIC FLORIDA<br>2950 CLEVELAND CLINIC BLVD. |
| City-State-Zip: | WESTON FL 33331-3609                                    |

|                 |                                                                             |
|-----------------|-----------------------------------------------------------------------------|
| Title           | SECRETARY/TREASURER-ELECT                                                   |
| 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                                                     |

*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:** LAWRENCE S. HAKIM, MD**SECRETARY/TREASURER 03/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date