

2017 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

03/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title SECRETARY/TREASURER ELECT
Name PATEL, VIPUL R. MD
Address FLORIDA HOSPITAL - CELEBRATION
HEALTH
410 CELEBRATION PLACE SUITE 200
City-State-Zip: CELEBRATION FL 32747

Title PRESIDENT-ELECT
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 SECRETARY/TREASURER
Name LEE, KEVIN KI-DONG MD
Address 5 BROGNDEN CT., SE
City-State-Zip: WINTER HAVEN FL 33880

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: KEVIN KI-DONG LEE

SECRETARY/TREASURER 03/10/2017

Electronic Signature of Signing Officer/Director Detail

Date