

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001697

**Entity Name:** UROLOGICAL RESEARCH NETWORK CORP

**Current Principal Place of Business:**

2140 WEST 68TH STREET, SUITE 200  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

2140 WEST 68TH STREET, SUITE 200  
MIAMI LAKES, FL 33016 US

**FEI Number: 81-5103287**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALMEYDA, YOLANDA  
2140 WEST 68TH STREET, SUITE 200  
MIAMI LAKES, FL 33016 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 P  
Name BIANCO, FERNANDO J JR  
Address 2140 WEST 68TH STREET, SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name LOPEZ, ISABEL H  
Address 2140 WEST 68TH STREET, SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

Title O  
Name GHEILER, EDWARD L  
Address 2140 WEST 68TH STREET, SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

Title O  
Name KAUFMAN, ARIEL M  
Address 2140 WEST 68TH STREET, SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

Title O  
Name LUANDA, PEREZ  
Address 2140 WEST 68TH STREET, SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

Title TREASURER  
Name PLUCHINO, ALESSANDRA  
Address 2140 WEST 68TH STREET, SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

Title OFFICER  
Name RODRIGUEZ, DAYRON  
Address 2140 WEST 68TH STREET, SUITE 200  
City-State-Zip: MIAMI LAKES FL 33016

*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: ISABEL LOPEZ**

**VP**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date