2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001697

Entity Name: UROLOGICAL RESEARCH NETWORK CORP

FILED
Jun 22, 2020
Secretary of State
5890261247CC

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 Title VP

Name BIANCO, FERNANDO J JR Name LOPEZ, ISABEL H

Address 2140 WEST 68TH STREET, SUITE 200 Address 2140 WEST 68TH STREET, SUITE 200

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

Title O Title O

Name GHEILER, EDWARD L Name KAUFMAN, ARIEL M

Address 2140 WEST 68TH STREET, SUITE 200 Address 2140 WEST 68TH STREET, SUITE 200

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

Title O Title TREASURER

Name LUANDA, PEREZ Name PLUCHINO, ALESSANDRA

Address 2140 WEST 68TH STREET, SUITE 200 Address 2140 WEST 68TH STREET, SUITE 200

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR

Name GOUSSE, ANGELO J Address 2140 WEST 68TH ST

200

City-State-Zip: HIALEAH 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: FERNANDO BIANCO MMBR 06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date