

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001697

FILED
Apr 29, 2019
Secretary of State
9347755378CC

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 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

P

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date