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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

M.D.

SIGNATURE: RICHARD C. DAVI

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600005

Entity Name: UROLOGICAL ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

8940 SW 88TH ST SUITE 602E MIAMI, FL 33176

Current Mailing Address:

8940 SW 88TH ST SUITE 602E MIAMI, FL 33176 US

FEI Number: 59-0937648

Name and Address of Current Registered Agent:

DAVI, RICHARD CM.D. 8940 SW 88TH ST SUITE 602E MIAMI, FL 33176 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 **Officer/Director Detail :** Title PD Title STD Name PAPIR, DANI M.D. Name DAVI, RICHARD M.D. 8940 SW 88TH ST SUITE 602E Address 8940 N KENDALL DR STE 602E Address MIAMI FL 33176 City-State-Zip: MIAMI FL 33176 City-State-Zip:

FILED Mar 06, 2014 Secretary of State CC4798617876

Date

Certificate of Status Desired: No

03/06/2014

Date