

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600325

Entity Name: UROLOGIC PHYSICIANS AND SURGEONS, P.A.

Current Principal Place of Business:

1411 N. FLAGLER DRIVE, SUITE
#5300
WEST PALM BEACH, FL 33401

Current Mailing Address:

1411 N. FLAGLER DRIVE, SUITE
#5300
WEST PALM BEACH, FL 33401

FEI Number: 59-1200384

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, RUSKIN W
1411 N. FLAGLER DR.
SUITE 5300
WEST PALM BCH, FL 33401 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 PD
Name BROWN, RUSKIN W.
Address 1411 N. FLAGLER DR.
City-State-Zip: W.PALM BCH. FL 33401

Title VD
Name GOLDBERG, MURRAY G.
Address 1411 N. FLAGLER DR.
City-State-Zip: WEST PALM BEACH FL 33401

Title SD
Name BORLAND, R. N.
Address 1411 N. FLAGLER DR., STE. 5300
City-State-Zip: WEST PALM BEACH FL 33401

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.

SIGNATURE: R. NEILL BORLAND

SECRETARY

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date