

**2015 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:**

GOLDBERG, MURRAY G  
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:** MURRAY G. GOLDBERG

01/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GOLDBERG, MURRAY G  
Address        1411 N. FLAGLER DR.  
City-State-Zip: W.PALM BCH. FL 33401

Title            VP, SECRETARY, DIRECTOR  
Name            BORLAND, RAYMOND N  
Address        1411 N. FLAGLER DR.  
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:** MURRAY G. GOLDBERG

PRESIDENT

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date