## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 601172** 

Entity Name: COHEN, MADORSKY, PINON, SANTA CRUZ & BRUCK

UROLOGY CENTER OF SOUTH FLORIDA, P.A.

## **Current Principal Place of Business:**

7400 SW 87 AVENUE SUITE 240 MIAMI, FL 33173

## **Current Mailing Address:**

7400 SW 87 AVENUE SUITE 240 MIAMI, FL 33173

FEI Number: 59-1265799 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CFRA, LLC 100 S. ASHLEY DR. SUITE 400 TAMPA, FL 33602 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 VPT

Name COHEN, WILLIAM Name MADORSKY, MARTIN

Address 7400 SW 87TH AVE., #240 Address 7400 S.W. 87TH AVE., #240

City-State-Zip: MIAMI FL 33173 City-State-Zip: MIAMI FL 33173

Title D Title D

 Name
 PINON, AVELINO
 Name
 SANTA CRUZ, CARLOS

 Address
 7400 S.W. 87TH AVE., #240
 Address
 7400 SW 87TH AVE., #240

City-State-Zip: MIAMI FL 33173 City-State-Zip: MIAMI FL 33173

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: MARTIN MADORSKY

VICE PRESIDENT

01/17/2014

FILED Jan 17, 2014

**Secretary of State** 

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