

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81641

Entity Name: UROLOGY CENTER OF SOUTH FLORIDA, P.A.**Current Principal Place of Business:**10151 ENTERPRISE CENTER BLVD
SUITE 201
BOYNTON BEACH, FL 33437**Current Mailing Address:**10151 ENTERPRISE CENTER BLVD
SUITE 201
BOYNTON BEACH, FL 33437**FEI Number:** 59-2821164**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POPOWITZ, STUART MD
10151 ENTERPRISE CENTER BLVD.
#201
BOYNTON BEACH, FL 33437 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:** STUART M POPOWITZ, MD

01/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D,P
Name	GOLD, ROBERT
Address	10151 ENTERPRISE CENTER BLVD. #201
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D,VP
Name	SKINNER, WILLIAM
Address	10151 ENTERPRISE CENTER BLVD. #201
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D,S
Name	BIASE, JOSEPH
Address	10151 ENTERPRISE CENTER BLVD #201
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D,T
Name	POPOWITZ, STUART
Address	10151 ENTERPRISE CENTER BLVD. #201
City-State-Zip:	BOYNTON BEACH FL 33437

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: STUART M POPOWITZ

CFO/MD

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Date