

**2014 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 MMD  
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:**

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,S  
Name BIASE, JOSEPH  
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,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: ROBERT GOLD**

**PRESIDENT**

**04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date