

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038763

**Entity Name:** UROLOGY SPECIALTY EQUIPMENT, L.C.

**Current Principal Place of Business:**

7600 SW 87 AVE  
SUITE 206  
MIAMI, FL 33173

**Current Mailing Address:**

7600 SW 87 AVE  
SUITE 206  
MIAMI, FL 33173 US

**FEI Number:** 20-0291805

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOMEZ, COSME  
7600 SW 87 AVE  
SUITE 206  
MIAMI, FL 33173 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	GOMEZ, COSME A	Name	PUIG, ROBERT A
Address	7600 SW 87 AVE	Address	7600 SW 87 AVE
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERTPUIG

**MANGER**

**03/22/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date