

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080435

Entity Name: FUP I, P.L.

Current Principal Place of Business:

1 DAVID BLVD
604
TAMPA, FL 33606

Current Mailing Address:

5015 WEST NASSAU STREET
TAMPA, FL 33607 US

FEI Number: 26-3608856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA UROLOGY PARTNERS, LLP
5015 WEST NASSAU STREET
TAMPA, FL 33607 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 P
Name ROOT, MALCOLM M.D.
Address 5015 WEST NASSAU STREET
City-State-Zip: TAMPA FL 33607

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: MALCOLM ROOT M.D. _____

05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date