

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000025059

Entity Name: UROLOGY GROUP OF FLORIDA, LLC**Current Principal Place of Business:**5350 WEST ATLANTIC AVENUE
SUITE 102
DELRAY BEACH, FL 33484**Current Mailing Address:**5350 WEST ATLANTIC AVENUE
SUITE 102
DELRAY BEACH, FL 33484 US**FEI Number:** 27-5235338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YORE UROLOGY, LLC
5350 WEST ATLANTIC AVENUE
SUITE 102
DELRAY BEACH, FL 33484 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 AUTHORIZED REPRESENTATIVE
Name SCHECKOWITZ, EDWARD M DR.
Address 5350 WEST ATLANTIC AVENUE
SUITE 102
City-State-Zip: DELRAY BEACH FL 33484

Title AUTHORIZED REPRESENTATIVE
Name GOTTENGER, EMANUEL E DR.
Address 5350 WEST ATLANTIC AVENUE
SUITE 102
City-State-Zip: DELRAY BEACH FL 33484

Title AUTHORIZED REPRESENTATIVE
Name BORLAND, RAYMOND N DR.
Address 5350 WEST ATLANTIC AVENUE
102
City-State-Zip: DELRAY BEACH FL 33484

Title AUTHORIZED REPRESENTATIVE
Name WEINSTEIN, DAVID DR.
Address 5350 WEST ATLANTIC AVENUE
#102
City-State-Zip: DELRAY BEACH FL 33484

Title AUTHORIZED REPRESENTATIVE
Name MEINBACH, DAVID S DR.
Address 5350 WEST ATLANTIC AVENUE
#102
City-State-Zip: DELRAY BEACH FL 33484

Title MGR
Name UROLOGIC PHYSICIANS AND
SURGEONS, P.A.
Address 1411 N FLAGLER DRIVE
STE 5300
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR
Name ADVANCED UROLOGY OF SOUTH
FLORIDA, LLC
Address 5350 WEST ATLANTIC AVENUE
SUITE 102
City-State-Zip: DELRAY BEACH FL 33484

Title MGR
Name WEISTEIN KAUFMAN MEIBACH
UROLOGY, P.A.
Address 4889 SOUTH CONGRESS AVENUE
City-State-Zip: LAKE WORTH FL 33461

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: ROBERTA STORIALE**BOOKKEEPER****01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date