SIGNATURE: JENNIFER J. PEREZ

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

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

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000128554

Entity Name: UROLOGY SPECIALTY CARE OF MIAMI, LLC

Current Principal Place of Business:

7600 SW 87TH AVENUE SUITE 206 MIAMI, FL 33173

Current Mailing Address:

3225 AVIATION AVENUE SUITE 700 MIAMI, FL 33133 US

FEI Number: 54-2129332

Name and Address of Current Registered Agent:

YELEN, MITCH 3225 AVIATION AVENUE SUITE 500 MIAMI, FL 33133 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

Authorized Person(s) Detail :

AUTHORIZED MEMBER Title VITALMD GROUP HOLDING, LLC Name 3225 AVIATION AVENUE, SUITE 700 Address

City-State-Zip: MIAMI FL 33133

Certificate of Status Desired: No

Date

VP & GENERAL COUNSEL

Date

FILED Mar 24, 2023 Secretary of State 0076263744CC