

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000041678

**Entity Name:** UROCARE-ALL LLC

**Current Principal Place of Business:**

21150 BISCAYNE BLVD  
STE 404  
AVENTURA, FL 33180

**Current Mailing Address:**

21150 BISCAYNE BLVD  
STE 404  
AVENTURA, FL 33180 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 MGR  
Name PREMOLI, JUAN MD  
Address 21150 BISCAYNE BLVD - STE 404  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name CHRIST, MARK MD  
Address 21150 BISCAYNE BLVD - STE 404  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name TANNENBAUM, STEPHEN MD  
Address 21150 BISCAYNE BLVD - STE 404  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name SAMOWITZ, HARVEY MD  
Address 21150 BISCAYNE BLVD - STE 404  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name WINTON, LAWRENCE MD  
Address 21150 BISCAYNE BLVD - STE 404  
City-State-Zip: AVENTURA FL 33180

*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:** JUAN PREMOLI MD

MGR

01/22/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date