

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000057950

Entity Name: UROVIP, LLC

Current Principal Place of Business:

603 NORTH FLAMINGO ROAD
C/O HARVEY SAMOWITZ SUITE 251
PEMBROKE PINES, FL 33028

Current Mailing Address:

P.O. BOX 3971
C/O HARVEY SAMOWITZ
HALLANDALE, FL 33008-3971 US

FEI Number: 38-3928974

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PELVIC CLINIC, LLC
1223 JACKSON ST.
C/O HARVEY SAMOWITZ
HOLLYWOOD, FL 33019 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 MANAGER
Name SAMOWITZ, HARVEY
Address P.O. BOX 3971
 C/O HARVEY SAMOWITZ
City-State-Zip: HALLANDALE FL 33008-3971

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: HARVEY SAMOWITZ

**FOUNDER AND
DIRECTOR**

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date