

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000057950

**Entity Name:** UROVIP, LLC

**Current Principal Place of Business:**

250 SOUTH ISLAND DRIVE  
C/O HARVEY SAMOWITZ  
GOLDEN BEACH, FL 33160

**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  
250 SOUTH ISLAND DRIVE  
C/O HARVEY SAMOWITZ  
GOLDEN BEACH, FL 33160 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

**MANAGER**

**03/11/2016**

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

\_\_\_\_\_  
Date