

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000016369

Entity Name: AVENTURA URO LASER 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

FEI Number: 47-2933182

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: NATALIA UTRERA

01/13/2017

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 GITTELMAN, MARC C MD
Address 21150 BISCAYNE BLVD, STE. 404
City-State-Zip: AVENTURA FL 33180

Title MGR
Name LAWRENCE WINTON, MD AND
GLORIA WINTON AS T
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: PREMOLI , JUAN , MD

MGR

01/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date