

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000139043

**Entity Name:** UROLOGY SPECIALISTS, LLC

**Current Principal Place of Business:**

2140 WEST 68TH STREET  
SUITE 200  
HIALEAH, FL 33016

**Current Mailing Address:**

2140 WEST 68TH STREET  
SUITE 200  
HIALEAH, FL 33016 US

**FEI Number:** 20-0646908

**Certificate of Status Desired:** No

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

ALMEYDA, YOLANDA  
2140 WEST 68TH STREET  
SUITE 200  
HIALEAH, FL 33016 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           BIANCO, FERNANDO J  
Address        2140 WEST 68TH STREET  
                  SUITE 200  
City-State-Zip: HIALEAH FL 33016

Title           MANAGER  
Name           GHEILER, EDWARD L  
Address        2140 WEST 68TH STREET  
                  SUITE 200  
City-State-Zip: HIALEAH FL 33016

Title           AUTHORIZED MEMBER  
Name           KAUFMAN, ARIEL M  
Address        2140 WEST 68TH STREET  
                  SUITE 200  
City-State-Zip: HIALEAH FL 33016

*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:** FERNANDO BIANCO

**MGRM**

**04/30/2017**

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

\_\_\_\_\_  
Date