

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000185446

Entity Name: US MED UROLOGY, LLC**Current Principal Place of Business:**8260 NW 27TH ST
SUITE 403
DORAL, FL 33122**Current Mailing Address:**ATTN: LICENSING
8260 NW 27TH ST SUITE 401
DORAL, FL 33122 US**FEI Number:** 84-2659321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	Title	MANAGER
Name	BOBB, CLYDALL	Name	HOWARD, MARK
Address	ATTN: LICENSING 8260 NW 27TH ST SUITE 401	Address	8260 NW 27TH ST SUITE 403
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122
Title	MANAGER		
Name	CADY, TIMOTHY		
Address	ATTN: LICENSING 8260 NW 27TH ST SUITE 401		
City-State-Zip:	DORAL FL 33122		

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: CLYDALL BOBB**MANAGER****04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date