FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

AMENI

FILED 06-27-2002 90184 039 ****61.25
534996

02 JUN 28 AM 10: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 534996

1. Entity Name

UROLOGICAL ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3661 S. Miami Avenue

Suite, Apt. #, etc.
Suite 405

City & State
Miami, FL 33133

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1755668 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert A. Ortega

Street Address (P.O. Box Number is Not Acceptable): 2307 Douglas Rd.

Suite 302

City: Miami FL Zip Code: 33145

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $650.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Suarez, Miguel A.
STREET ADDRESS	281 Island Dr.
CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	V/P
NAME	Garcia-Montes, Eduardo
STREET ADDRESS	200 Hampton Lane
CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITION

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6-20-02 305 854-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #