

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601172

FILED
Apr 26, 2012
Secretary of State

Entity Name: COHEN, MADORSKY, PINON, SANTA CRUZ & BRUCK UROLOGY CENTER OF SOUTH FLORIDA,
P.A.

Current Principal Place of Business:

7400 SW 87 AVENUE
SUITE 240
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7400 SW 87 AVENUE
SUITE 240
MIAMI, FL 33173

New Mailing Address:

FEI Number: 59-1265799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CFRA, LLC
100 S. ASHLEY DR.
SUITE 400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: COHEN, WILLIAM
Address: 7400 SW 87TH AVE., #240
City-St-Zip: MIAMI, FL 33173

Title: VPT
Name: MADORSKY, MARTIN
Address: 7400 S.W. 87TH AVE., #240
City-St-Zip: MIAMI, FL 33173

Title: D
Name: PINON, AVELINO
Address: 7400 S.W. 87TH AVE., #240
City-St-Zip: MIAMI, FL 33173

Title: D
Name: SANTA CRUZ, CARLOS
Address: 7400 SW 87TH AVE., #240
City-St-Zip: MIAMI, FL 33173

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN MADORSKY

VPT

04/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date