

J28909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 23 2022
ALBRITTON

CLAS Information Services
2020 Hurley Way, Suite #350 Sacramento CA 95825
Tel: (800) 447-6237

Job Number: 429781-6671

Date: 2/10/2022

Name: UROLOGY CENTER OF FLORIDA, P.A.

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #97726 in the amount of \$35.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

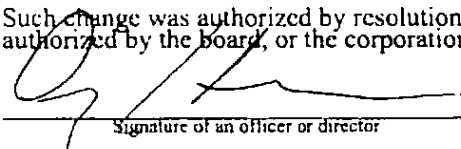
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UROLOGY CENTER OF FLORIDA, P.A.
2. The principal office address: 550 S.W. 3RD STREET SUITE 305
POMPAN0 BEACH, FL 33060
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/13/1986 Document number: J28909
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
HERMAN, JUDITH
550 SW 3 ST. SUITE 305
POMPAN0 BEACH, FL 33060
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 P.O. Box NOT acceptable

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

CRAIG HERMAN, PRESIDENT

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

2/10/2022
Date

If signing on behalf of an entity:

CHRISTOPHER CHEUNG, ASSISTANT SECRETARY

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)