

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000156

1. Entity Name

UROLOGY WELLNESS, L.L.C.

FILED

01 FEB 12 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3120 N. 34TH STREET
HOLLYWOOD FL 33021

Mailing Address

3120 N. 34TH STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDZOW, MICHAEL ESQ.
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

Name GARY KORN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
20801 BISCAYNE BLVD.
SUITE 501
City AVENTURA FL 33180

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.

Gary A. Korn

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM WEITZENFELD, MARK
STREET ADDRESS 3120 N. 34TH STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM WEITZENFELD, MARLENE
STREET ADDRESS 3120 N. 34TH STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003719100--4
CITY-ST-ZIP -02/19/01--01136--009
*****50.00 *****50.00

TITLE NAME MGRM STUTZ, MARK
STREET ADDRESS 4207 WINCHESTER ROAD
CITY-ST-ZIP ALLENTOWN, PA 18104 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mark Weitzenfeld

1/31/01 954-985-9879

CR2E083 (11/00)

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