

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90114 037 \*\*\*\*50.00

**DOCUMENT # L00000000156**

1. Entity Name

**UROLOGY WELLNESS, L.L.C.**

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

**5317 SW 38TH AVE. P.O. Box 2908**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE**

City & State

**HOLLANDALE FL**

Zip

**33312**

Country

**USA**

Zip

**33008**

Country

**USA**

4. FEI Number

DO NOT WRITE IN THIS SPACE

**650974522**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KORN, GARY A ESQ.  
 20801 BISCAYNE BLVD., STE 501  
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5317 SW 38TH AVE**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

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

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

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TITLE ☐ Change ☐ Addition  
 NAME  
 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** 1/14/02 954966 4813

CR2E083 (9/01)