

PI3000093474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

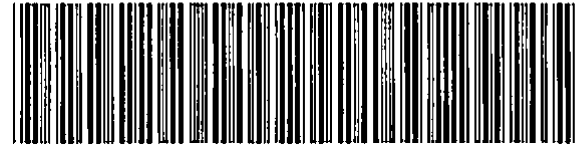
(Business Entity Name)

(Document Number)

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STATE OF
NEW YORK
DEPARTMENT OF
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Urology & Sexual Wellness Ins
Name of Corporation

DOCUMENT NUMBER: P13000093474

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Figlesthler

Name of Contact Person

Miami Urology & Sexual Wellness Ins

Firm/Company

11181 Health Park Blvd, Suite 1115

Address

Naples, FL 34110

City/State and Zip Code

whf@encoreurology.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Figlesthler

Name of Contact Person

at (239) 206-7546

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Miami Urology & Sexual Wellness Institute
2. The principal office address: 11181 Health Park Blvd, Suite 1115, Naples, FL 34110

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/18/2013 Document number: P13000093474

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)

631 96th Ave N

Naples, FL 34108

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

11181 Health Park Blvd

Suite 1115

P.O. Box NOT acceptable

Naples, FL 34110

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

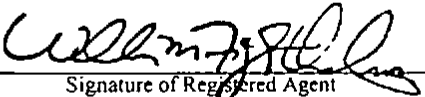
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

William Figlesthaller, 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

06/18/2019

Date

If signing on behalf of an entity:

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 (03/12)