

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654492

Entity Name: BROWARD UROLOGY CENTER, P.A.**Current Principal Place of Business:**2150 S. ANDREWS AVE., STE. 100
FT LAUDERDALE, FL 33316-3432**Current Mailing Address:**2150 S. ANDREWS AVE., STE. 100
FT LAUDERDALE, FL 33316-3432 US**FEI Number:** 59-2485899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAVENDER, JOEL R., ATTORNEY AT LAW
300 SOUTHEAST 2ND STREET
600
FORT LAUDERDALE, FL 33301 US*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

Officer/Director Detail :

Title	PRESIDENT
Name	YOGEL, LOUIS R
Address	2150 S. ANDREWS AVE., STE. 100
City-State-Zip:	FT. LAUDERDALE FL 33316-3432

Title	DVP, SECRETARY, TREASURER
Name	CHENVEN, ERIC S
Address	2150 S. ANDREWS AVE., STE. 100
City-State-Zip:	FORT LAUDERDALE FL 33316-3432

Title	M.D.
Name	GORBATIY, VLADISLAV DR.
Address	2150 S. ANDREWS AVE., STE. 100
City-State-Zip:	FT LAUDERDALE FL 33316-3432

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: LOUIS R. YOGEL, M.D.

PRESIDENT

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date