

2020 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
507 SE 11TH CT
FORT LAUDERDALE, FL 33316 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 GORBATYIY, 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

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date