

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10893

**Entity Name:** UROLOGICAL CONSULTANTS OF FLORIDA, P.A.

**Current Principal Place of Business:**

12411 BISCAYNE BLVD  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12411 BISCAYNE BLVD  
NORTH MIAMI, FL 33181 US

**FEI Number: 59-2042716**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOLCHIN, STEVEN B., P.A.  
3864 SHERIDAN ST  
HOLLYWOOD, FL 33021 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 PD  
Name WIRTSHAFTER, AMERY  
Address 10205 COLLINS AVE  
404  
City-State-Zip: BAL HARBOUR FL 33154

Title VD  
Name ROBBINS, DAVID  
Address 12411 BISCAYNE BLVD  
City-State-Zip: NORTH MIAMI FL 33181

*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: JULIO CASTILLO**

**ADMINISTRATOR**

**01/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date