

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28909

Entity Name: UROLOGY CENTER OF FLORIDA, P.A.

Current Principal Place of Business:

550 S.W. 3RD STREET
SUITE 305
POMPANO BEACH, FL 33060

Current Mailing Address:

550 S.W. 3RD STREET
SUITE 305
POMPANO BEACH, FL 33060

FEI Number: 59-2711461

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HERMAN, JUDITH
550 SW 3 ST.
SUITE 305
POMPANO BEACH, FL 33060 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 PDT
Name HERMAN, CRAIG W
Address 550 SW 3RD STREET
City-State-Zip: POMPAN BEACH FL 33060

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: JOSEPH PTALIS

ADMINISTRATOR

01/19/2014

Electronic Signature of Signing Officer/Director Detail

Date