

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000007265

Entity Name: UROSHAPE, LLC

Current Principal Place of Business:

200 S HARBOR CITY BLVD
SUITE 401
MELBOURNE, FL 32901

Current Mailing Address:

200 S HARBOR CITY BLVD
SUITE 401
MELBOURNE, FL 32901 US

FEI Number: 80-0589886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIPPER, RALPH
767 INDIAN RIVER DR
MELBOURNE, FL 32935 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

Authorized Person(s) Detail :

Title MGR
Name ZIPPER, RALPH
Address 767 INDIAN RIVER DR
City-State-Zip: MELBOURNE FL 32935

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RALPH ZIPPER MD

PRESIDENT

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date