

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080337

Entity Name: UROLOGY PROFESSIONALS OF SOUTH FLORIDA LLC

Current Principal Place of Business:

9400 NW 12TH AVE, BAY 3
MIAMI, FL 33150

Current Mailing Address:

9400 NW 12TH AVE, BAY 3
MIAMI, FL 33150 US

FEI Number: 27-3147529

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASFORD, MATTHEW KOBINA
17005 SW 34TH STREET
MIRAMAR, FL 33027 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 MGRM
Name HASFORD, MATTHEW K
Address 17005 SW 34TH STREET
City-State-Zip: MIRAMAR FL 33027

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: MATTHEW K. HASFORD

MGRM

02/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date