

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000099754

Entity Name: UWH, PLLC**Current Principal Place of Business:**1501 YAMATO ROAD
SUITE 200 W
BOCA RATON, FL 33431**Current Mailing Address:**1501 YAMATO ROAD
SUITE 200 W
BOCA RATON, FL 33431 US**FEI Number:** 45-5149710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UPM SERVICE CORP
1501 YAMATO ROAD
SUITE 200 W
BOCA RATON, FL 33431 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:** JOHN CAMPERLENGO

02/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BRIGGS, JOHN M.D.
Address 660 GLADES ROAD, SUITE 340
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name KONSKER, KENNETH M.D.
Address 660 GLADES ROAD, SUITE 340
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name SUBA, STEVEN A MD
Address 1501 YAMATO ROAD
SUITE 200 W
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name SHIMMER, ANDREW MD
Address 1501 YAMATO ROAD
SUITE 200 W
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name NUDELMAN, MITCHELL MD
Address 1501 YAMATO ROAD
SUITE 200 W
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name MALLORY, MICHAEL MD
Address 1501 YAMATO ROAD
SUITE 200 W
City-State-Zip: BOCA RATON FL 33431

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: STEVEN A SUBA**AUTH REPRESENTATIVE** 02/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date