

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000159277

**Entity Name:** KENDALL VILLAGE UROLOGY, LLC

**Current Principal Place of Business:**

2915 BISCAYNE BOULEVARD  
SUITE 300  
MIAMI, FL 33137

**Current Mailing Address:**

2915 BISCAYNE BOULEVARD  
SUITE 300  
MIAMI, FL 33137

**FEI Number:** 46-1610391

**Certificate of Status Desired:** No

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

RITTER, ZARETSKY, LIEBER & JAIME, LLP  
2915 BISCAYNE BOULEVARD  
SUITE 300  
MIAMI, FL 33137 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 PADRON, MANUEL R DR.  
Address 8501 SW 124TH AVE  
SUITE 112  
City-State-Zip: MIAMI FL 33183

*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:** PADRON , MANUEL R , DR.

MGRM

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date