

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000106526

Entity Name: UROLOGY SPECIALIST GROUP, LLC**Current Principal Place of Business:**2140 W 68TH ST. STE 200 & 302
HIALEAH, FL 33016**Current Mailing Address:**2140 W 68TH ST. STE 200 & 302
HIALEAH, FL 33016 US**FEI Number: 81-2848409****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALMEYDA, YOLANDA
2140 W 68TH ST. STE 200
HIALEAH, FL 33016 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	MANAGER
Name	GHEILER, EDWARD
Address	2140 W 68TH ST. STE 200
City-State-Zip:	HIALEAH FL 33016

Title	MANAGER
Name	BIANCO, FERNANDO
Address	2140 W 68TH ST. STE 200
City-State-Zip:	HIALEAH FL 33016

Title	MBR
Name	KAUFMAN, ARIEL
Address	2140 W 68TH ST. STE 200
City-State-Zip:	HIALEAH FL 33016

Title	MBR
Name	KLOPUKH, BORIS
Address	2140 W 68TH ST. STE 200
City-State-Zip:	HIALEAH FL 33016

Title	MEMBER
Name	RODRÍGUEZ , DAYRON
Address	2140 W 68TH ST. STE 200 & 302
City-State-Zip:	HIALEAH FL 33016

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: EDWARD GHEILER**MEMBER****04/22/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date