# above, or on an attachment with all other like empowered.

Ρ

SIGNATURE: LOPEZ, ISABEL H

Electronic Signature of Signing Officer/Director Detail

#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N2100002344

# Entity Name: UROLOGICAL RESEARCH NETWORK FOUNDATION INC.

# **Current Principal Place of Business:**

2140 WEST 68TH STREET SUITE 200 HIALEAH, FL 33016

# **Current Mailing Address:**

2140 WEST 68TH STREET SUITE 200 HIALEAH, FL 33016 US

# FEI Number: 86-3560723

# Name and Address of Current Registered Agent:

**GUILLEN PUJOL CPAS** 6161 BLUE LAGOON DRIVE STE. 475 MIAMI, FL 33126 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

#### **Officer/Director Detail :**

	Title	Ρ	Title	S
	Name	LOPEZ, ISABEL H	Name	BIANCO, ALESSIA S
	Address	2140 WEST 68TH STREET, SUITE 200	Address	2140 WEST 68TH STREET, SUITE 200
	City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016
	Title	Т	Title	D
	Name	BIANCO, FERNANDO J	Name	GHEILER, EDWARD L
	Address	2140 WEST 68TH STREET, SUITE 200	Address	2140 WEST 68TH STREET, SUITE 200
	City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016
	Title	D		
	Name	KAUFMAN, ARIEL M		
	Address	2140 WEST 68TH STREET, SUITE 200		
	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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

Date

#### FILED Apr 29, 2022 Secretary of State 2530682154CC

Certificate of Status Desired: Yes

04/29/2022 Date