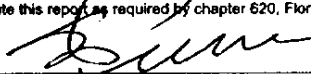


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 15 AM 3:15	
1. Name of Limited Partnership UROSOUTH, LTD.		1a. DOCUMENT # A98000000152 QA-AR CM			
2. Mailing Address 7000 S.W. 62ND AVENUE SUITE 340 MIAMI FL 33143		2a. Principal Office Address 7000 S.W. 62ND AVENUE SUITE 340 MIAMI FL 33143		3. Date Formed or Registered 01/13/1998 3a. Date of Last Report	
2. Mailing Address Suite, Apt. #, etc. Box 431760 City & State MIAMI FL Zip 33243 Country USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$36,000.00 5b. Amount of Capital Contributions in FLORIDA to date. \$36,000.00 4. State or Country of Formation FL 6. FEI Number 65-0803443 7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent UROSOUTH, INC. 7000 S.W. 62ND AVENUE, #340 MIAMI FL 33143		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) UROSOUTH, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7000 S.W. 62ND AVENUE		11b. City, State & Zip Code MIAMI FL 33143	
				11c. Registration/ Document Number P96000084163 000002784300--2 -02/23/99-01034-018 ****252.00 ****252.00	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE 		Typed or Printed Name of General Partner Signing Form STEPHEN PIERLE, CEO		DATE 12/31/98 Daytime Telephone Number 305-382-1956	

CR2E003 (8/98)