

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000095748 (5)**  
 1. Corporation Name  
**URO-MEDIX, INC.**



Principal Place of Business <b>1946 TYLER STREET HOLLYWOOD FL 33020</b>	Mailing Address <b>1946 TYLER STREET HOLLYWOOD FL 33020-4517</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/22/1996</b>	3a. Date of Last Report <b>N/A</b>
21. Suite, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>65-0708785</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>COEL, MARK A ESQ. 1946 TYLER STREET HOLLYWOOD FL 33020</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
	85. Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Jack Pines, M.D.
STREET ADDRESS		1.3 STREET ADDRESS	2500 E. Hallandale Beach Blvd., #505
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Marc Gittelman, M.D.
STREET ADDRESS		2.3 STREET ADDRESS	21150 Biscayne Blvd., #404
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Goodarz Saketkoo, M.D.
STREET ADDRESS		3.3 STREET ADDRESS	2500 E. Hallandale Beach Blvd., #505
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mitchell Weinstein, D.O.
STREET ADDRESS		4.3 STREET ADDRESS	8890 West Oakland Park Blvd., #304
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Richard Antosek, D.O.
STREET ADDRESS		5.3 STREET ADDRESS	8890 West Oakland Park Blvd., #304
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Robert Hoffberger, D.O.
STREET ADDRESS		6.3 STREET ADDRESS	8890 West Oakland Park Blvd., #304
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sunrise, FL 33351

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_, Jack Pines, M.D. April 28, 1997 (954) 456-6500

CR2E034 (9/96)

SUPPLEMENTAL PAGE TO 1997 ANNUAL REPORT FOR URO-MEDIX, INC.

DOCUMENT NO. P96000095748

EIN NO. 65-0708785

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T/D

x Addition

Lawrence Winton, M.D.  
21150 Biscayne Boulevard  
Room #404  
Aventura, FL 33180