

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000095748 (5)
 1. Corporation Name
URO-MEDIX, INC.



Principal Place of Business 1946 TYLER STREET HOLLYWOOD FL 33020	Mailing Address 1946 TYLER STREET HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 601 North Flamingo Road	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27
City & State 23 Pembroke Pines, Florida	City & State 28
Zip 24 33028	Country 25 USA

3. Date Incorporated or Qualified 11/22/1996	
4. FEI Number 65-0708785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COEL, MARK A ESQ.
 1946 TYLER STREET
 HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name L.M. Ploucha	
82 Street Address (P.O. Box Number is Not Acceptable) 1946 Tyler Street	
83	
84 City Hollywood	85 Zip Code FL 33020

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]* **1/2/98**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	<input type="checkbox"/> DELETE	1.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GITTELMAN, MARC MD		1.2 NAME Lawrence Winton, M.D.	
STREET ADDRESS 21150 BISCAYNE BLVD #404		1.3 STREET ADDRESS 21150 Biscayne Boulevard, #404	
CITY-ST-ZIP AVENTURA FL 33180		1.4 CITY-ST-ZIP Aventura, Florida 33180	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAKETKOO, GOODARZ MD		2.2 NAME	
STREET ADDRESS 2500 E HALLANDALE BLVD #505		2.3 STREET ADDRESS	
CITY-ST-ZIP HALLANDALE FL 33009		2.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINSTEIN, MITCHELL DO		3.2 NAME	
STREET ADDRESS 8890 WEST OAKLAND PARK BLVD #304		3.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL 33351		3.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANTOSEK, RICHARD DO		4.2 NAME	
STREET ADDRESS 8890 WEST OAKLAND PRK BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL 33351		4.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFBERGER, ROBERT DO		5.2 NAME	
STREET ADDRESS 8890 WEST OAKLAND PRK BLVD #304		5.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL 33351		5.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINES, JACK MD		6.2 NAME	
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD., #505		6.3 STREET ADDRESS	
CITY-ST-ZIP HALLANDALE FL 33009		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **2.1.1998 954-490-5200**

CR2E034 (10/97)