


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90576 028 ***150.00

DOCUMENT # P96000095748			
1. Entity Name URO-MEDIX, INC.			
Principal Place of Business 601 N FLAMINGO RD 300 PEMBROKE PINES, FL 33028 US		Mailing Address 1946 TYLER STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address 601 N FLAMINGO RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 300	
City & State		City & State PEMBROKE PINES FL	
Zip	Country	Zip	Country
33028	US	33028	US



02252004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0708785	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PLOUCHA, L M 1946 TYLER ST HOLLYWOOD, FL 33020		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GITTELMAN, MARC MD			NAME			
STREET ADDRESS	21150 BISCAYNE BLVD #404			STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33180			CITY-ST-ZIP			
TITLE	D/T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINTON, LAWRENCE M.D.			NAME			
STREET ADDRESS	21150 BISCAYNE BLVD, #404			STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33180			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINSTEIN, MITCHELL DO			NAME			
STREET ADDRESS	8890 WEST OAKLAND PARK BLVD #304			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTOSEK, RICHARD DO			NAME			
STREET ADDRESS	8890 WEST OAKLAND PRK BLVD			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOFFBERGER, ROBERT DO			NAME	HARVEY JAMOWSKI DO		
STREET ADDRESS	8890 WEST OAKLAND PRK BLVD #304			STREET ADDRESS	21150 BISCAYNE BLVD		
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP	AVENTURA FL 33180		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINES, JACK MD			NAME			
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #505			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: _____ *For 70 90* **4/26/04** **305 466-9111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #