

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000095748

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: URO-MEDIX, INC.

## Current Principal Place of Business:

601 N FLAMINGO RD  
300  
PEMBROKE PINES, FL 33028 US

## New Principal Place of Business:

## Current Mailing Address:

2500 E. HALLANDALE BCH BLVD  
PENTHOUSE 2  
HALLANDALE, FL 33009 US

## New Mailing Address:

FEI Number: 65-0708785      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD STE 485 SOUTH  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: GITTELMAN, MARC MD  
Address: 21150 BISCAYNE BLVD #404  
City-St-Zip: AVENTURA, FL 33180

Title: D/T ( ) Delete  
Name: WINTON, LAWRENCE M.D.  
Address: 21150 BISCAYNE BLVD, #404  
City-St-Zip: AVENTURA, FL 33180

Title: VPD ( ) Delete  
Name: WEINSTEIN, MITCHELL DO  
Address: 8890 WEST OAKLAND PARK BLVD #304  
City-St-Zip: SUNRISE, FL 33351

Title: VPDS ( ) Delete  
Name: ANTOSEK, RICHARD DO  
Address: 8890 WEST OAKLAND PARK STE 304  
City-St-Zip: SUNRISE, FL 33351

Title: VPD ( ) Delete  
Name: SAMOWITZ, HARVEY MD  
Address: 21150 BISCAYNE BLVD STE #404  
City-St-Zip: AVENTURA, FL 33180

Title: PD ( ) Delete  
Name: PINES, JACK MD  
Address: 2500 E. HALLANDALE BEACH BLVD., #505  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GRASHOFF

CEO

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date