

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000095748

Entity Name: URO-MEDIX, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

601 N FLAMINGO RD
300
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

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

New Principal Place of Business:

601 NORTH FLAMINGO ROAD
SUITE 300
PEMBROKE PINES, FL 33028 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:

GREEN, MITCHELL F
4000 HOLLYWOOD BOULEVARD
SUITE 485 - SOUTH
HOLLYWOOD, FL 33021 US

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:

02/02/2009

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
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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: RICHARD B. ANTOSEK, D.O., FACOS

VPDS

02/02/2009

Electronic Signature of Signing Officer or Director

Date