

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000095748

FILED
Mar 18, 2010
Secretary of State

Entity Name: URO-MEDIX, INC.

Current Principal Place of Business:

601 NORTH FLAMINGO ROAD
SUITE 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:

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

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 BOULEVARD
SUITE 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
Name: GITTELMAN, MARC MD
Address: 21150 BISCAYNE BLVD #404
City-St-Zip: AVENTURA, FL 33180

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

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

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

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

Title: PD
Name: PINES, JACK MD
Address: 2500 E. HALLANDALE BEACH BLVD, PENTHOUSE 2
City-St-Zip: HALLANDALE, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: JACK PINES, M.D.

PD

03/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date