

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000095748

FILED  
Feb 22, 2012  
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:**

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

**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

02/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date