


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000095748			
1. Entity Name URO-MEDIX, INC.			
Principal Place of Business 601 N FLAMINGO RD 300 PEMBROKE PINES FL 33029 US		Mailing Address 1946 TYLER STREET HOLLYWOOD FL 33020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0708785			Applied For <input type="checkbox"/> Not Applicable
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 _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPD GITTELMAN, MARC MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21150 BISCAYNE BLVD #404	NAME	
STREET ADDRESS	AVENTURA FL 33180	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD WINTON, LAWRENCE M.D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21150 BISCAYNE BLVD, #404	NAME	
STREET ADDRESS	AVENTURA FL 33180	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD WEINSTEIN, MITCHELL DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8890 WEST OAKLAND PARK BLVD #304	NAME	
STREET ADDRESS	SUNRISE FL 33351	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD ANTOSEK, RICHARD DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8890 WEST OAKLAND PRX BLVD	NAME	
STREET ADDRESS	SUNRISE FL 33351	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD SIGN ROBERT DO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8890 WEST OAKLAND PRX BLVD #304	NAME	
STREET ADDR	SUNRISE FL 33351	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD PIRES, JACK DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2500 HALLANDALE BEACH BLVD., #505	NAME	
STREET ADDRESS	BALLWADE FL 33009	STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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; and that I am an officer 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 in Block 11 if added, with all other like empowers.			
SIGNATURE: SIGNATURE REQUIRED		1/21/03	

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