

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084163

1. Entity Name

UROSOUTH, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90097 041 ***150.00

Principal Place of Business

Mailing Address

7000 SOUTHWEST 62 AVENUE, SUITE 340
FL 33143

UROSOUTH, INC.
P. O. BOX 431780
MIAMI FL 33243-1780
US

2. Principal Place of Business

4709 SW 75th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33155

Country

USA

Zip

Country

4. FEI Number

65-0699210

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
NAME GOMEZ, M.D. C
STREET ADDRESS 7000 SW 62ND AVE #340
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE STD
NAME ECHENIQUE, JORGE
STREET ADDRESS 7000 SW 62ND AVE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE C
NAME BONDHUS, M.D. M
STREET ADDRESS 7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE STD
NAME TIRADO, AUGUSTO
STREET ADDRESS 7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE D
NAME SMALL, MICHAEL
STREET ADDRESS 7000 SW GRAND AVE #340
CITY-ST-ZIP MIAMI FL 33143 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JOSE CHAMORRO, MD
NAME
STREET ADDRESS 2601 SW 37th AVE STE 503
CITY-ST-ZIP MIAMI, FL 33133 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN PIERCE, CEO 11/1/00 305-269-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)