

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000084163

1. Entity Name
UROSOUTH, INC.



Principal Place of Business
**4709 SW 75TH AVE
MIAMI, FL 33155**

Mailing Address
**UROSOUTH, INC.
P. O. BOX 431760
MIAMI, FL 33243 US**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOMEZ, M.D. C
STREET ADDRESS	7000 SW 62ND AVE #340
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	STD
NAME	ECHENIQUE, JORGE
STREET ADDRESS	7000 SW 62ND AVE 340
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	C
NAME	BONDHUS, M.D. M
STREET ADDRESS	7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	STD
NAME	TIRADO, AUGUSTO
STREET ADDRESS	7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	D
NAME	CHAMORRO, JOSE
STREET ADDRESS	2601 SW 37TH AVE STE 503
CITY - ST - ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/04/04-80146-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #