2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P96000084163

Entity Name: UROSOUTH, INC.

Current Principal Place of Business:

4709 SW 75TH AVE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0699210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOMEZ, M.D. C
Address: 7000 SW 62ND AVE #340
City-St-Zip: MIAMI, FL 33143

Title: STD ( ) Delete
Name: ECHENIQUE, JORGE
Address: 7000 SW 62ND AVE 340
City-St-Zip: MIAMI, FL 33143

Title: C ( ) Delete
Name: BONDHUS, M.D. M
Address: 7000 SOUTHWEST 62 AVENUE, SUITE 340
City-St-Zip: MIAMI, FL 33143

Title: STD ( ) Delete
Name: TIRADO, AUGUSTO
Address: 7000 SOUTHWEST 62 AVENUE, SUITE 340
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: CHAMORRO, JOSE
Address: 2601 SW 37TH AVE STE 503
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JORGE ECHENIQUE STD 05/01/2006

Electronic Signature of Signing Officer or Director Date