

600834

Requester's Name

URO-MEDIX, INC.

21150 Biscayne Blvd., Suite 404
Aventura, Florida 33180

500003017275--8

-10/18/99-01104-013

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
99 NOV 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☒ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 28, 1999

URO-MEDIX, INC.
21150 BISCAYNE BLVD., STE 404
AVENTURA, FL 33180

SUBJECT: FEIN AND WINTON, P.A.
Ref. Number: 600834

We have received your document for FEIN AND WINTON, P.A. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut
Corporate Specialist

Letter Number: 999A00051804

RECEIVED
99 NOV 15 AM 9:52
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: FEIN : WINTON, P.A.
2. The mailing address of the corporation is: 21150 BISCAYNE BLVD, #404
AVENTURA, FL 33180
3. Date of incorporation/qualification: 2-17-69 Document number: 600834
4. The name and address of the current registered agent and office:

CAPITAL CONNECTION INC.
417 E. VIRGINIA ST., #1
TALLAHASSEE, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

URO-MEDIX, INC.
21150 BISCAYNE BLVD, #404
AVENTURA, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

10/8/99
(Date)

LAWRENCE WINTON MD - PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

10-8-99
(Date)

If signing on behalf of an entity:

DIANE KARDYS FOR URO-MEDIX, INC. ADMINISTRATOR
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***