2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2011
Secretary of State

DOCUMENT# F07000002046

Entity Name: UROSOURCE MOBILE MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

2601 KENTUCKY STREET
PAMPA, TX 79065

New Principal Place of Business:

320 W. FRANCIS
PAMPA, TX 79065

Current Mailing Address:

2601 KENTUCKY STREET
PAMPA, TX 79065

New Mailing Address:

320 W. FRANCIS
PAMPA, TX 79065

FEI Number: 20-3406003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P
Name: DIBBLE, SHARON
Address: 320 W. FRANCIS
City-St-Zip: PAMPA, TX 79065

Title: V
Name: BRUCE, WADE
Address: 320 W. FRANCIS
City-St-Zip: PAMPA, TX 79065

Title: S
Name: BRUCE, WAYNE
Address: 320 W. FRANCIS
City-St-Zip: PAMPA, TX 79065

I hereby 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 all other like empowered.

SIGNATURE: SHARON DIBBLE PRES 01/21/2011

Electronic Signature of Signing Officer or Director — Date