

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002046

FILED  
Jan 03, 2012  
Secretary of State

Entity Name: UROSOURCE MOBILE MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

320 W. FRANCIS  
PAMPA, TX 79065

**New Principal Place of Business:**

320 W. FRANCIS  
PAMPA, TX 79065 US

**Current Mailing Address:**

320 W. FRANCIS  
PAMPA, TX 79065

**New Mailing Address:**

320 W. FRANCIS  
PAMPA, TX 79065 US

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 PAMPA TX 79065  
City-St-Zip: PAMPA, TX 79065 US

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

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

Title: D  
Name: NEWMAN, RUSSELL  
Address: 9825 SPECTRUM DR., BLDG. 3  
City-St-Zip: AUSTIN, TX 78717 US

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

P

01/03/2012

Electronic Signature of Signing Officer or Director

Date