

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F12000005003

Entity Name: UROTHERAPIES INC.

**FILED**  
**Jul 13, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

407 PINKERTON RD  
WEXFORD, PA 15090

## **New Principal Place of Business:**

9010 STRADA STELL CT  
SUITE 103  
NAPLES, FL 34108

## **Current Mailing Address:**

870 111TH AVE N SUITE 8  
NAPLES, FL 34108

## **New Mailing Address:**

9010 STRADA STELL CT  
SUITE 103  
NAPLES, FL 34108

FEI Number: 22-3706920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CONLEY, DANIEL  
9486 GULFSHORE DR  
NAPLES, FL 34108 US

## **Name and Address of New Registered Agent:**

CONLEY, DANIEL  
9486 GULFSHORE DR  
#202  
NAPLES, FL 34108 US

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: DANIEL J. CONLEY

07/13/2014

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PC  
Name: CONLEY, DANIEL J  
Address: 9486 GULFSHORE DR #202  
City-St-Zip: NAPLES, FL 34108

Title: VC  
Name: CONLEY, KATHLEEN  
Address: 9486 GULFSHORE DR #202  
City-St-Zip: NAPLES, FL 34108

Title: S  
Name: CONLEY, SEAN  
Address: 239 CONNOR DR  
City-St-Zip: NAPLES, FL 34108

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: DANIEL J. CONLEY

PRES

07/13/2014

Electronic Signature of Signing Officer or Director

Date