

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000006099 (4)**

1. Corporation Name  
**UROCARE OF AMERICA, INC.**



Principal Place of Business: **6001 INDIAN SCHOOL RD NE ALBUQUERQUE NM 87110**  
Mailing Address: **6001 INDIAN SCHOOL RD NE ALBUQUERQUE NM 87110**

3. Date Incorporated or Qualified <b>12/14/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3346043</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DCP</b> <input type="checkbox"/> DELETE
NAME	<b>ELLIOTT, NEAL M</b>
STREET ADDRESS	<b>5091 LOS PABLANOS NW</b>
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87107</b>
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE
NAME	<b>ELLIOTT, NEAL M</b>
STREET ADDRESS	<b>5091 LOS PABLANOS NW</b>
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87107</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BELT, KLEMETT L</b>
STREET ADDRESS	<b>9406 SEABROOK NE</b>
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87111</b>
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE
NAME	<b>GONZALES, CHARLES H</b>
STREET ADDRESS	<b>1419 CAMINO AMPARO</b>
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87107</b>
TITLE	<b>VCFO</b> <input type="checkbox"/> DELETE
NAME	<b>SCHOFIELD, ERNEST A</b>
STREET ADDRESS	<b>6121 CAROUSAL NW</b>
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87120</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SOUSA, ALBERT W</b>
STREET ADDRESS	<b>8620 ASHTON PL NE</b>
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87122</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SCOT SAUDER</b>
1.3 STREET ADDRESS	<b>3412 MATEO PRADO NW</b>
1.4 CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87107</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **4/10/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)