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FILED  
Apr 22 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006099 (4)

1. Corporation Name

**UROCARE OF AMERICA, INC.**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/14/1995**

2. Principal Place of Business

21 **1 HEALTHSOUTH PKWY**

2a. Mailing Address

26 **PO BOX 380546**

4. FEI Number

**59-3346043**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

23 **BIRMINGHAM, AL**

City & State

28 **BIRMINGHAM, AL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

24 **35243**

Country

25 **US**

Zip

29 **35238**

Country

30 **US**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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 NAME **PD RICHARD SCRUSHY**  DELETE  
STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE NAME **V DOUG WARRICK**  DELETE  
STREET ADDRESS **8801 HORIZON BLVD NE**  
CITY - ST - ZIP **ALBUQUERQUE, NM 87113**

TITLE NAME **S BILL HORTON**  DELETE  
STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE NAME **T MIKE MARTIN**  DELETE  
STREET ADDRESS **1 HEALTHSOUTH PARKWAY**  
CITY - ST - ZIP **BIRMINGHAM, AL 35243**

TITLE NAME  DELETE  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME  DELETE  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/98**

Date

**505-878-6100**

Daytime Phone #

CR2E034 (10/97)