


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90112 047 ***150.00

DOCUMENT # F95000006099		
1. Entity Name UROCARE OF AMERICA, INC.		

Principal Place of Business 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243 US	Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

50049504

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JOEL C <input checked="" type="checkbox"/> Delete 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Grinney, Jay <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One HealthSouth Parkway Birmingham, Alabama 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTTS, RICHARD E <input checked="" type="checkbox"/> Delete ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Snow, Michael D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One HealthSouth Parkway Birmingham, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HORTON, BILL <input checked="" type="checkbox"/> Delete 1 HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Doody, Gregory L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One HealthSouth Parkway Birmingham, Alabama 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, ROBERT P <input checked="" type="checkbox"/> Delete 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Menke, Brian M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One HealthSouth Parkway Birmingham, Alabama 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DEMARAY, C. DREW <input type="checkbox"/> Delete 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HALE, BRANDON O <input checked="" type="checkbox"/> Delete 1 HEALTHSOUTH PKWY BIRMINGHAM AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Hicks, Lucy C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One HealthSouth Parkway Birmingham, AL 35243

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  / Brian M. Menke (205) 967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #