				<del></del>	••	,		
SECOND NOTICE: CORPORATION WILL BE AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSO PROFIT CORPORATION ANNUAL REPORT 1996		LVED, MINIMUP	FLORIDA DEPARTMENT OF STATE Sandra B Morthan Secretary of State DIVISION OF CORPORATIONS					
DOCUM	IENT # K1683	7	(2)					
1. Corporation N	ONE TREATMENT CENTER		(-)					
Principal Place		Mailing Ac	IBRA PLZ					
1 ALHAMBRA PLZ STE 1450 CORAL GABLES FL 33134		STE 1450 CORAL (	STE 1450 CORAL GABLES FL 33134				Date incorporated or Qualified	3a. Date of Last Report
US		U\$					03/03/1988 4. FEI Number	07/24/1995 Applied For
2. Principal Pla 21	ce of Business	2a. Mailing 26	g Address				59-3000487	Not Applicable
Suite, Apt. #	etc	Suite, .	Apt. #, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City &	State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		$\vdash$	ountry		8. This corporation has liability for	
24	9. Name and Address of Curren	29 t Registered A	oent	30	T		10. Name and Address of New Re	
CO	T450 RAL GABLES FL 33134  of the provisions of Sections 607 050 gistered agent, or both, in the State of familiar with and accept the oblig-	2 and 607 1508 of Florida Such ations of, Section	3, Florida Stat n change was n 607.0505, I	otes, the s authoriz Florida S	83 84 above red by tatutes	named cor	poralion submits this statement for the p tion's board of directors. I hereby accep	FL 85 Zip Code sirpose of changing its registered in the appointment as registered
SIGNATURE	Sojent we hyperfor penters in the roll is contented a p		oc (r			ed signaline req	ADDITIONS/CHANGES TO OFFI	DATE.
12. TITLE NAME	TD Bolet, Juan R.	ID DIRECTORS	DELETE	1	3. 1 TITLE 2 NAME		ADDITIONS/CHANGES TO OFFI	Change Addition
STREET ADDRESS CITY-ST-ZIP	3661 S. MIAMI AVE MIAMI FL				.3 STREET 4 CITY - S	FADORESS ST-ZIP		<u> </u>
TITLE NAME STREET ADDRESS	VD BONDHUS, MARVIN J. 7000 S.W. 62ND AVE		DELETE	2	1 TITLE 2 NAME	1 AODRESS		Change Addition
CITY-ST-ZIP	SO. MIAMI FL		1 5000	2	4 CITY			Change Add-tion
NAME STREET ADDRESS	SD RODRIGUEZ-CUE, DOMING 1435 W. 49TH PLACE	0	☐ DETELE	3	) 1 TITLE 3 2 NAME 3 STREE	T ADDRESS		
CITY-S1-ZIP	HIALEAH FL		DELETE		B.4 CHY-	SI - ZIP		Change Additio
TITLE NAME STREET ADDRESS	PD Mackler, Melvin 7330 SW 62ND Place				4-2 NAME 4-3 STREE	T ADDRESS		
CITY-ST-ZIP TITLE NAME	MIAMI FL D CHAMORRO,JOSE A.		DELETE		4 4 CITY • 5 1 TITLE 5 2 NAME			Change Additio
STREET ADDRESS  CITY-ST-ZIF TITLE	2601 S.W. 37 TH AVE MIAMI FL D		DELETE		5 3 STREF 5 4 CITY - 6 1 THUE			Change Addition
NAME STREET ADDRESS	FONTANA, HUMBERTO, 3910 W. FLAGLER STREET			1	6 2 NAME 6 3 STREI	ET ADDRESS		

CITY-SI-ZIP MIAM FL

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 617, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

Diving Hirze

Div

## Document # K16837 (2)

Corporation Name: UROSTONE TREATMENT CENTER, INC.

## Officers and Directors:

Additional Director

12.:

TITLE DIRECTOR

NAME ALFEDO SUAREZ-SARMIENTO

ADDRESS 2645 S.W. 37TH AVENUE, #304

CITY-ST-ZIP MIAMI, FLORIDA 33133