|   | ROFIT   | NG FEE AFTER   |  | TMENT OF STATE   |  | TILED<br>1997 8.6   | ากจะ   |
|---|---|--|--|--|--|---|--|
| CORPORATION<br>ANNUAL REPORT  |   |  | Sandra B. Mortham<br>Secretary of State  |  | Feb 27 1997 8:00am<br>Secretary of State   |   |  |
| ٤_م   | 997 Division of co  |  | •  |  |  |   |  |
| orporation  | NENT # K1<br>Ne treatment   |  | (2)  |  |  |   |  |
| sipal Place<br>HAMBRA PL<br>1450<br>NL GABLES   |   | 1 ALHA<br>STE 14   | y Address<br>MBRA PLZ<br>50<br>GABLES FL 33134   | 5227   | 3. Date Incorporated or Qualified  | 3e. Date of Last Re   |  |
| decinat Dia   |   |  | ling Address   |  | 03/03/1988<br>4. FEI Number  | 08/12/1996  |  |
| ппсфалта  | ace of Business   | 28. 14   | ming Address   |  | 59-3000487   | نسابعه ومحسول   | plied For<br>I Applicable  |
| uite, Apt. #  | , elc.  | Su<br>27   | ite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 A     Fee Rep  |  |
| lity & State  |   | Cit  | y & State  |  | 6. Election Campaign Financing   | \$5.00  | May Be   |
| ip  | Countr  | y Zip  | 1  | Country  | Trust Fund Contribution<br>8. This corporation has liability for                                 | Added to  |  |
|   | 25  | 29<br>ess of Current Registere   | d Anont  | 30   | Florida Statutes   |   |  |
| DONE  | ET, DAVID A. ESO  | ss of current Registere  | a Agent  | 81 Name  | 10, Maille Bild Address of New H   | ağısteren Ağanı   |  |
| 1 ALF   | HAMBRA PLZ  |  |  | 82 Street Add  | dress (P.O. Box Number is Not Accepta  | ible)   |  |
| STE   | 1450<br>Al gables fl 3313   | 4  |  | 83   |  | <u>, , , , , , , , , , , , , , , , , , , </u>   |  |
| CORV  | AL GADLES FL 3313   | 4  |  | <b>1</b>   |  |   |  |
|   |   |  |  | R4 City  |  | es Zin C  | ode .  |
| Pursuant to   | the provisions of Sectoristered agent, or bolt  | lions 607.0502 and 607.1   | 508, Florida Statut  | 84 City<br>es, the above-named col<br>authorized by the corport  | poration submits this statement for the  | FL 65 Zip C<br>purpose of changing its<br>pot the appointment as i  | s registered   |
| office or re<br>agent I an<br>NATURE  | igistered agont, or bolt<br>ii familiar with, and acc<br>Bignature, typed or present name   | tions 607.0502 and 607.1<br>n, in the State of Florida. S<br>ept the obligations of Sc<br>e of registered agent and tick if ap<br>FFICERS AND DIRECTO  | Such change was i<br>ction 607.0505, Fk  | es, the above-named cor<br>authorized by the corpora   | ation's board of directors. I hereby acce  | PL purpose of changing its opt the appointment as n   | s registere<br>registered  |
| office or re<br>agent I an<br>NATURE  | sgistered agent, or bolt<br>i familiar with, and acc<br>signature, speed or protect name<br>O<br>TD   | <ul> <li>in the State of Florida, the<br/>epit the obligations of, Sc<br/>entropistered agent and the it appression of the state of the sta</li></ul> | Such change was i<br>ction 607.0505, Fk  | es, the above-named con<br>authorized by the corpora<br>pricta Statutes.<br>E: Registered Apent algoritum<br>13.<br>1.1 TILE   | ation's board of directors. I hereby accu  | PL purpose of changing its opt the appointment as n   | s registered<br>registered<br>S IN 12  |
| office or re<br>agent I an<br>VATURE  | gistered agent, or bolt<br>infamiliar with, and acc<br>signature, typed or protect name<br>O<br>TD<br>BOLET, JUAN R.  | h, in the State of Florida. Sept the obligations of, Sc<br>ept the obligations of, Sc<br>e of registered agent and tick if app<br>FFICERS AND DIRECTO  | Such change was i<br>iction 607.0505, Flo<br>eleable (NOT<br>RS  | es, the above-named coi<br>authorized by the corpora<br>prida Statutes.<br>E: Registered Apent signature requ<br>13.<br>1.1 TILE<br>1.2 NAME   | ation's board of directors. I hereby accu  | PL<br>purpose of changing its<br>ept the appointment as in<br>DATE<br>ICERS AND DIRECTOR                  | s registere<br>registered<br>S IN 12   |
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| office or re<br>agent 1 an<br>NATURE <u>s</u><br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP | Gistered agent or bolt<br>infamiliar with, and acc<br>Bundler, bleed or prefet hand<br>BOLET, JUAN R.<br>3661 S. MIAMI AVE<br>MIAMI FL<br>VD<br>BONDHUS, MARVII<br>7000 S.W. 62ND A<br>SO. MIAMI FL<br>SD<br>RODRIGUEZ-CUE,<br>1435 W. 49TH PLA<br>HIALEAH FL<br>PD<br>MACKLER, MELVIN<br>7330 SW 62ND PL<br>MIAMI FL<br>D<br>CHAMORRO,JOSE<br>2601 S.W. 37 TH /<br>MIAMI FL<br>D<br>FONTANA, HUMBE<br>3910 W. FLAGLER<br>MIAMI FL  | A, in the State of Florida. Seept the obligations of, Sc<br>e of regenered agent and techtapper<br>FFICERS AND DIRECTO<br>I<br>N J.<br>VE<br>DOMINGO<br>ICE<br>ACE<br>A.<br>AVE<br>ERTO,<br>STREET<br>Iation supplied with this f  | Such change was is isction 607.0505, File (NOT RS ) CELETE ) DELETE ] ] ] DELETE ] ] ] DELETE ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]  | es, the above-named con<br>authorized by the corpora<br>brida Statutes.<br>E: Flegisterad Apent signature requinants<br>1.1 TIFLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TIFLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP<br>3.1 TIFLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP<br>4.1 TIFLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP<br>5.1 TIFLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP<br>6.1 TIFLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP<br>1.1 TIFLE<br>6.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP<br>1.1 TIFLE<br>1.1 T | ation's board of directors. I hereby accu  |   | s registered<br>S IN 12<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Add |

## Document # K16837 (2)

Corporation Name: UROSTONE TREATMENT CENTER, INC.

## **Officers and Directors:** Additional Director

12.:

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| TITLE       | DIRECTOR                    |
|-------------|-----------------------------|
| NAME        | ALFEDO SUAREZ-SARMIENTO     |
| ADDRESS     | 2645 S.W. 37TH AVENUE, #304 |
| CITY-ST-ZIP | MIAMI, FLORIDA 33133        |