


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K16837** (2)

1. Corporation Name:
UROSTONE TREATMENT CENTER, INC.

Principal Place of Business
1 ALHAMBRA PLZ
STE 1450
CORAL GABLES FL 33134
US

Mailing Address
1 ALHAMBRA PLZ
STE 1450
CORAL GABLES FL 33134-5227
US



3. Date Incorporated or Qualified **03/03/1988** 3a. Date of Last Report **08/12/1996**

4. FEI Number **59-3000487** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DONET, DAVID A. ESO
1 ALHAMBRA PLZ
STE 1450
CORAL GABLES FL 33134

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **BOLET, JUAN R.**
STREET ADDRESS **3861 S. MIAMI AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **BONDHUS, MARVIN J.**
STREET ADDRESS **7000 S.W. 62ND AVE**
CITY - ST - ZIP **SO. MIAMI FL**

TITLE **SD** ☐ DELETE
NAME **RODRIGUEZ-CUE, DOMINGO**
STREET ADDRESS **1435 W. 49TH PLACE**
CITY - ST - ZIP **HALEAH FL**

TITLE **PD** ☐ DELETE
NAME **MACKLER, MELVIN**
STREET ADDRESS **7330 SW 62ND PLACE**
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **CHAMORRO, JOSE A.**
STREET ADDRESS **2801 S.W. 37 TH AVE**
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **FONTANA, HUMBERTO,**
STREET ADDRESS **3910 W. FLAGLER STREET**
CITY - ST - ZIP **MIAMI FL**

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

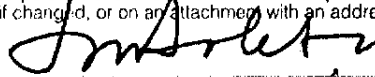
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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 do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan R. Bolet

2/20/97

305-856-4453

Date

Daytime Phone #

CR2E034 (9/96)

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