

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120494

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** UROLOGICAL TECHNOLOGIES, CORPORATION

**Current Principal Place of Business:**

9450 SUNSET DRIVE  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 430885  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 22-3882168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE SOCARRAZ, MARIANO  
9450 SUNSET DRIVE  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** DE SOCARRAZ, MARIANO  
**Address:** P.O. BOX 430885  
**City-St-Zip:** MIAMI, FL 331243088

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARIANO DE SOCARRAZ

P

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date