

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014790

FILED
Jul 03, 2007
Secretary of State

Entity Name: URO-NETWORK CLINICAL SERVICES, INC.

Current Principal Place of Business:

130 MINORCA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

4709 SW 75 AVENUE
MIAMI, FL 33155

Current Mailing Address:

130 MINORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

4709 SW 75 AVENUE
MIAMI, FL 33155

FEI Number: 20-4253240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOSE E
132 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PIERCE, STEVE
4709 SW 75 AVENUE
MIAMI, FL 33155 US

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: STEVE PIERCE

07/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAZQUEZ, GUILLERMO
Address: 7000 SW 97 AVENUE SUITE 207
City-St-Zip: MIAMI, FL 33173 FL

Title: TR () Delete
Name: PIERCE, STEPHEN
Address: P.O. BOX 431760
City-St-Zip: MIAMI, FL 33243

Title: D () Delete
Name: RODRIGUEZ, SERGIO M
Address: 7500 SW 8TH STREET SUITE 304
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: HIRZEL, LEON
Address: P.O. BOX 431401
City-St-Zip: MIAMI, FL 33243

Title: D () Delete
Name: HAMADY, GHASSAN
Address: 7150 W. 20TH AVENUE SUITE 209
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GUILLERMO VAZQUEZ

P

07/03/2007

Electronic Signature of Signing Officer or Director

Date