

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000014790

1. Entity Name
URO-NETWORK CLINICAL SERVICES, INC.



Principal Place of Business
4709 SW 75 AVENUE
MIAMI, FL 33155

Mailing Address
4709 SW 75 AVENUE
MIAMI, FL 33155

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4253240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PIERCE, STEVE
4709 SW 75 AVENUE
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ, GUILLERMO 7000 SW 97 AVENUE SUITE 207 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PIERCE, STEPHEN P.O. BOX 431760 MIAMI, FL 33243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, SERGIO M 7500 SW 8TH STREET SUITE 304 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRZEL, LEON P.O. BOX 431401 MIAMI, FL 33243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMADY, GHASSAN 7150 W. 20TH AVENUE SUITE 209 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000954037
07/10/08-80008-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

705 269 1011