

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 30 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037363

1. Corporation Name

URO-CARE, P.A.

600008211516--7
-10/04/02--01062--015
****900.00 ****900.00

2. Principal Office Address 21150 Biscayne Boulevard Suite, Apt. #, etc. Suite 404 City & State Aventura, FL Zip 33180		3. Mailing Office Address 21150 Biscayne Boulevard Suite, Apt. #, etc. Suite 404 City & State Aventura, FL Zip 33180	
Country USA		Country USA	

4. Date Incorporated or Qualified To Do Business in Florida May 25, 1993	
5. FEI Number 65-0422835	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
L.M. Ploucha, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1946 Tyler Street

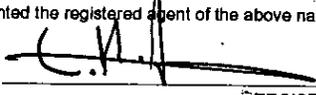
Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33020-4511

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 09/17/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Lawrence Winton, M.D.	21150 Biscayne Blvd., Ste. 404	Aventura, FL 33180
V/D	Marc C. Gittelman, M.D.	21150 Biscayne Blvd., Ste. 404	Aventura, FL 33180
S/D	Harvey Samowitz, M.D.	21150 Biscayne Blvd., Ste. 404	Aventura, FL 33180
T/D	Mark Christ, M.D.	21150 Biscayne Blvd., Ste. 404	Aventura, FL 33180

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

MARC C. GITTELMAN, M.D.

SIGNATURE:  **8/20/02** **(305) 466-9117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (9/01)