FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR -7 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047531 (6)**

1. Corporation Name
URO SPECIALTY, INC.

Principal Place of Business	Mailing Address
NORTHWOOD MEDICAL CENTER BLDG. G. STE. 5 3001 EASTLAND BLVD. CLEARWATER FL 34621	NORTHWOOD MEDICAL CENTER BLDG. G. STE. 5 3001 EASTLAND BLVD. CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-3252072 ☐ 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1212 COURT ST.
SUITE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1245 COURT ST
83 SUITE 102
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.0505 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
TITLE D NAME ABREU, CESAR R STREET ADDRESS 3001 EASTLAND BLVD., SUITE 5 CITY-ST-ZIP CLEARWATER FL 34621	☐ Change ☑ Addition PANAGIOTOU, EMANUEL D. 3001 EASTLAND BLVD, SUITE 5 CLEARWATER, FL 34621
TITLE D NAME ASCHI, PHILLIP C STREET ADDRESS 3001 EASTLAND BLVD., SUITE 5 CITY-ST-ZIP CLEARWATER FL 34621	☐ Change ☑ Addition ZACHARY, J. MARK 3001 EASTLAND BLVD, SUITE 5 CLEARWATER, FL 34621
TITLE D NAME CAMUZZI, FREDDY A STREET ADDRESS 3001 EASTLAND BLVD., SUITE 5 CITY-ST-ZIP CLEARWATER FL 34621	☑ Change ☐ Addition DELETE
TITLE D NAME ESPIRITU, LEON F STREET ADDRESS 3001 EASTLAND BLVD., SUITE 5 CITY-ST-ZIP CLEARWATER FL 34621	☑ Change ☐ Addition DELETE
TITLE D NAME LASTARRIA, EMILIO F STREET ADDRESS 3001 EASTLAND BLVD., SUITE 5 CITY-ST-ZIP CLEARWATER FL 34621	☑ Change ☐ Addition DELETE
TITLE D NAME OTHEGUY, JUAN N STREET ADDRESS 3001 EASTLAND BLVD., SUITE 5 CITY-ST-ZIP CLEARWATER FL 34621	☐ Change ☐ Addition

14. I declare to certify that the information supplied with this report is voluntarily furnished and 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 with an asterisk or an attachment with an asterisk.

SIGNATURE: 1/20/95 724-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0357456 CR