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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000084163 (0)

1. Corporation Name
UROSOUTH, INC.

Principal Place of Business
7000 SOUTHWEST 62 AVENUE, SUITE 340
MIAMI FL 33143

Mailing Address
7000 SOUTHWEST 62 AVENUE, SUITE 340
MIAMI FL 33143-4717

3. Date Incorporated or Qualified
10/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

X 65 06 99210

Applied For

Not Applicable

5. Certificate of Status Desired

X \$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 s. 199.032,
Florida Statutes

X Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMACHO, MANUEL DR.
STREET ADDRESS 7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

TITLE STD
NAME BONDHUS, MARVIN J DR.
STREET ADDRESS 7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

TITLE D
NAME BOLET, JUAN DR.
STREET ADDRESS 7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

TITLE D
NAME MORA, RAFAEL DR.
STREET ADDRESS 7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

TITLE D
NAME CARRION, HERNAN DR.
STREET ADDRESS 7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

TITLE D
NAME TIRADO, AUGUSTO DR.
STREET ADDRESS 7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-18-97 X 305-264-8777

Date

Daytime Phone #

0300016

CR2E034 (9/96)