

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

|  |  |                     |  |  |  |
|--|--|---------------------|--|--|--|
| 2. Principal Place of Business                                       |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified            |  |
| 21 Suite, Apt. #, etc.   |  | 26 UROSOUTH, INC    |  | 10/11/1996                                   |  |
| 22 City & State  |  | 27 PO BOX 431760    |  | 4. FEI Number                                |  |
| 23 Zip   |  | 28 Miami, FL        |  | 65-0699210                                   |  |
| 24 Country   |  | 29 33243            |  | Applied For                                  |  |
|  |  | 30 USA              |  | Not Applicable                               |  |
| 9. Name and Address of Current Registered Agent                      |  |                     |  | 10. Name and Address of New Registered Agent |  |
| AMERILAWYER CHARTERED<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 |  |                     |  |  |  |
| 81 Name  |  |                     |  |  |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)                |  |                     |  |  |  |
| 83   |  |                     |  |  |  |
| 84 City  |  |                     |  | 85 Zip Code                                  |  |
|  |  |                     |  | FL   |  |

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 |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-------------------------------------|---|-----------------------|
| TITLE                      | PO                                  | 1.1 TITLE   | DIRECTOR              |
| NAME                       | CAMACHO, MANUEL DR.                 | 1.2 NAME  | COSME GOMEZ, MD       |
| STREET ADDRESS             | 7000 SOUTHWEST 62 AVENUE, SUITE 340 | 1.3 STREET ADDRESS                                    | 7000 SW 62nd AVE, 340 |
| CITY-ST-ZIP                | MIAMI FL 33143                      | 1.4 CITY-ST-ZIP                                       | MIAMI, FL 33143       |
| TITLE                      | STD                                 | 2.1 TITLE   | DIRECTOR              |
| NAME                       | BONDHUS, MARVIN J DR.               | 2.2 NAME  | MICHAEL SMALL, MD     |
| STREET ADDRESS             | 7000 SOUTHWEST 62 AVENUE, SUITE 340 | 2.3 STREET ADDRESS                                    | 7000 SW 62nd AVE 340  |
| CITY-ST-ZIP                | MIAMI FL 33143                      | 2.4 CITY-ST-ZIP                                       | MIAMI, FL 33143       |
| TITLE                      | D                                   | 3.1 TITLE   | C                     |
| NAME                       | BOLET, JUAN DR.                     | 3.2 NAME  | MARVIN Bondhus, MD    |
| STREET ADDRESS             | 7000 SOUTHWEST 62 AVENUE, SUITE 340 | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | MIAMI FL 33143                      | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                                   | 4.1 TITLE   | STD                   |
| NAME                       | MORA, RAFAEL DR.                    | 4.2 NAME  | AUGUSTO TINADO        |
| STREET ADDRESS             | 7000 SOUTHWEST 62 AVENUE, SUITE 340 | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | MIAMI FL 33143                      | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                                   | 5.1 TITLE   |                       |
| NAME                       | CARRION, HERNAN DR.                 | 5.2 NAME  |                       |
| STREET ADDRESS             | 7000 SOUTHWEST 62 AVENUE, SUITE 340 | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | MIAMI FL 33143                      | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                                   | 6.1 TITLE   |                       |
| NAME                       | TIRADO, AUGUSTO DR.                 | 6.2 NAME  |                       |
| STREET ADDRESS             | 7000 SOUTHWEST 62 AVENUE, SUITE 340 | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | MIAMI FL 33143                      | 6.4 CITY-ST-ZIP                                       |                       |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: STEPHEN PIERCE, CEO

1/8/98 305/382/1962

CP2E034 (5/98)