FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90012 004 ***150.00

DOCUMENT # P96000084163

1. Corporation Name
UROSOUTH, INC.

Principal Place of Business	Mailing Address
7000 SOUTHWEST 62 AVENUE. SUITE 340 MIAMI FL 33143	UROSOUTH. INC. P. O. BOX 431760 MIAMI FL 33243 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed: 10/11/1996	
21	26	4. FEI Number: 65-0699210	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GOMEZ, M.D. C		1.2 NAME	JORGE ECHEVIGUE, MD	
STREET ADDRESS	7000 SW 62ND AVE #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	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BONDHUS, MARVIN J DR.		2.2 NAME		
STREET ADDRESS	7000 SOUTHWEST 62 AVENUE, SUITE 340		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2. 4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BONDHUS, M.D. M		3.2 NAME		
STREET ADDRESS	7000 SOUTHWEST 62 AVENUE, SUITE 340		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		3.4. CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TIRADO, AUGUSTO		4. 2 NAME		
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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMALL, MICHAEL		5.2 NAME		
STREET ADDRESS	7000 SW GRAND AVE #340		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____ STEPHEN PIERCE, CEO 12/31/98 305-382-1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #