FILED Jan 23, 2001 8:00 am

DOCUMENT # P96000084163 1. Entity Name UROSOUTH, INC.					Jan 23, 2001 8:00 am Secretary of State 01-23-2001 90120 002 ***150.00			
Principal Place of Business Mailing Address								
4709 SW 75TH AVE UROSOUTH, INC. MIAMI FL 33155 P. O. BOX 431760 MIAMI FL 33243 US					·			
Principal Place of Business 3. Mailing Address								
- Suite, Apt. #, etc. Suite, Apt. #, etc.								
City & State		City & State			El Number 65-0699210		oplied For	
Country	Zip Country			5 . C	Certificate of Status Desired	1 \$8.75 Add	ditional	
6 Name and Address of Current	Registered Agent	1		7. N	ame and Address of New Regist		<u> </u>	
J. Hame and Address of Odifetti F	rogistored agent		lame		and the rest to the troop in the state of th			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GARLES EL 33134			Street Address (P.O. Box Number is Not Acceptable)					
THE CABLES I E 00 10 T		0	Dity			FL Zip Code	e	
			- .			DATE		
Tax filing requirement and elects to do so. After MAY 1, 200		001 Fee wii	1 Fee wiil be \$550.00		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
D	☐ Delete	TITLE				☐ Change	☐ Addition	
GOMEZ, M.D. C 7000 SW 62ND AVE #340		STREET A	I					
MIAMI FL 33143			ZIP				- Addition	
STD Delete ECHENIQUE, JORGE 7000 SW 62ND AVE 340						<u>(</u> ∟ C⊓ange	☐ Addition	
MIAMI FL 33143		-	ZIP			Change	Addition	
BONDHUS, M.D. M 7000 SOUTHWEST 62 AVENUE, SUITE 340			I .			Change	Addition	
STD Delete TIRADO, AUGUSTO 7000 SOUTHWEST 62 AVENUE, SUITE 340						☐ Change	☐ Addition	
D SMALL, MICHAEL 7000 SW GBAND AVE #340	Delete	TITLE NAME STREET A	DDRESS D	052	SW 37th AUE "	A Change	☐ Addition	
MIAMI FL 63143	☐ Delete	TITLE NAME		4 60 1		☐ Change	Addition	
	TH, INC. The of Business AVE Tace of Business #, etc. Country 6. Name and Address of Current F RILAWYER CHARTERED ALMERIA AVENUE AL GABLES FL 33134 In named entity submits this statement for station is eligible to satisfy its Intangible requirement and elects to do so. Tria on back) OFFICERS AND I D GOMEZ, M.D. C 7000 SW 62ND AVE #340 MIAMI FL 33143 STD ECHENIQUE, JORGE 7000 SW 62ND AVE 340 MIAMI FL 33143 C BONDHUS, M.D. M 7000 SOUTHWEST 62 AVENUE, MIAMI FL 33143 STD TIRADO, AUGUSTO 7000 SOUTHWEST 62 AVENUE, MIAMI FL 33143 D SMALL, MICHAEI	TH, INC. In of Business AVE UROSOUTH, INC. P. O. BOX 431760 MIAMI FL 33243 US Itace of Business J. Mailing Address Itace of Business J. Mailing Address J. Mai	The Jimbor of Business AVE UROSOUTH, INC. P. O. BOX 431780 MIAMI FL 33243 US Iface of Business 3. Mailing Address #, etc. Country Zip Country Zip Country 6. Name and Address of Current Registered Agent RILAWYER CHARTERED ALMERIA AVENUE AL GABLES FL 33134 Praction is eligible to satisfy its Intangible requirement and elects to do so iria on back) Professional Profess	TH, INC. e of Business AVE UROSOUTH, INC. P. O. BOX 491760 MIAMI FL 33243 US lace of Business 3. Mailing Address UROSOUTH, INC. P. O. BOX 491760 MIAMI FL 33243 US lace of Business 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc. Country Country Zip Country C	Mailing Address AVE UROSOUTH, INC. P. 0. BOX 431760 MIAMI FL 33243 US Iface of Business 3. Mailing Address If, etc. Suite, Apt. #, etc. E Country Zip Country Zip Country Zip Country Zip Country Street Address of Current Registered Agent Name RILAWYER CHARTERED. ALMERIA AVENUE AL GABLES FL 33134 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent Inamed entity submits this statement for the purpose of changing its registered office or registered agent and stee if applications. Signature, hyeard or periode name of impletived agent and stee if applications. FILE NOW!!! FEE IS 3150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIFECTORS D GMEZ, M.D. C 7000 SW 62ND AVE #340 MIAMI FL 33143 STD D Delete ECHENIQUE, JORGE 7000 SW 62ND AVE 340 MIAMI FL 33143 C STREET ADDRESS CITY-ST-ZIP TIRED MAME STREET ADDRESS CITY-ST-ZIP TIRED MAME STREET ADDRESS CITY-ST-ZIP TIRED MAME FL 33143 D Delete MILE MAME STREET ADDRESS CITY-ST-ZIP TIRED MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIRED MAME MAME STREET ADDRESS CITY-ST-ZIP TIRED MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIRED MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIRED MAME MAME STREET ADDRESS CITY-ST-ZIP TIRED MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIRED MAME MAME STRE	Secretary TH, INC. and Business Mailing Address AVE UROSOUTH, INC. P. D. BOX 43789 US Inc. of Business 3. Mailing Address US Inc. of Subiness 4. FEI Number 65-0699210 Country Country Country Country Country Country Country Stroct Address of Current Registered Agent Name RILAWYER CHARTERED ALL GABLES FL 33134 City City Inc. of Subiness Agents are an an analysis with a subiness and address of New Regist Name Stroct Address (P.O. Box Number is Not Acceptable) ALL GABLES FL 33134 City City Inc. of Figure Subiness Agents are an an analysis with a subiness and a	Secretary of Sta OTH, INC. Set States State Stat	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)