2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
01-18-2005 90028 025 ***150.00

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1. Entity Name
UROSOUTH, INC.

Principal Place of Business	Mailing Address
4709 SW 75TH AVE MIAMI, FL 33155	UROSOUTH, INC. P. O. BOX 431760 MIAMI, FL 33243 US

66001618

01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0699210
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOMEZ, M.D. C
STREET ADDRESS	7000 SW 62ND AVE #340
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	STD
NAME	ECHENIQUE, JORGE
STREET ADDRESS	7000 SW 62ND AVE 340
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	C
NAME	BONDHUS, M.D. M
STREET ADDRESS	7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	STD
NAME	TIRADO, AUGUSTO
STREET ADDRESS	7000 SOUTHWEST 62 AVENUE, SUITE 340
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	CHAMORRO, JOSE
STREET ADDRESS	2601 SW 37TH AVE STE 503
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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 10 or Block 11 if changed, or on an attachment with the address with all other like empowered.

SIGNATURE: J. Tirado CEO 2/7/05 3052698041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #