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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 # **P96000095748 (5)**

1. Corporation Name
URO-MEDIX, INC.

Principal Place of Business
1946 TYLER STREET
HOLLYWOOD FL 33020

Mailing Address
1946 TYLER STREET
HOLLYWOOD FL 33020-4517

3. Date Incorporated or Qualified: 11/22/1996
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0708785 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
COEL, MARK A ESQ.
1946 TYLER STREET
HOLLYWOOD FL 33020

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

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	Jack Pines, M.D.	
1.3 STREET ADDRESS	2500 E. Hallandale Beach Blvd., #505	
1.4 CITY-ST-ZIP	Hallandale, FL 33009	
2.1 TITLE	VP/D	☐ Change ☒ Addition
2.2 NAME	Marc Gittelman, M.D.	
2.3 STREET ADDRESS	21150 Biscayne Blvd., #404	
2.4 CITY-ST-ZIP	Aventura, FL 33180	
3.1 TITLE	VP/D	☐ Change ☒ Addition
3.2 NAME	Goodarz Saketkoo, M.D.	
3.3 STREET ADDRESS	2500 E. Hallandale Beach Blvd., #505	
3.4 CITY-ST-ZIP	Hallandale, FL 33009	
4.1 TITLE	VP/D	☐ Change ☒ Addition
4.2 NAME	Mitchell Weinstein, D.O.	
4.3 STREET ADDRESS	8890 West Oakland Park Blvd., #304	
4.4 CITY-ST-ZIP	Sunrise, FL 33351	
5.1 TITLE	VP/D	☐ Change ☒ Addition
5.2 NAME	Richard Antosek, D.O.	
5.3 STREET ADDRESS	8890 West Oakland Park Blvd., #304	
5.4 CITY-ST-ZIP	Sunrise, FL 33351	
6.1 TITLE	S/D	☐ Change ☒ Addition
6.2 NAME	Robert Hoffberger, D.O.	
6.3 STREET ADDRESS	8890 West Oakland Park Blvd., #304	
6.4 CITY-ST-ZIP	Sunrise, FL 33351	

CR2E034 (9/96)

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: Jack Pines, M.D. April 28, 1997 (954) 456-6500

SUPPLEMENTAL PAGE TO 1997 ANNUAL REPORT FOR URO-MEDIX, INC.

DOCUMENT NO. P96000095748 **EIN NO. 65-0708785**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T/D x Addition
Lawrence Winton, M.D.
21150 Biscayne Boulevard
Room #404
Aventura, FL 33180