

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  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90024 043 \*\*\*150.00

DOCUMENT # P96000095748

1. Corporation Name  
URO-MEDIX, INC.

Principal Place of Business  
601 N FLAMINGO RD  
300  
PEMBROKE PINES FL 33028  
US

Mailing Address  
1946 TYLER STREET  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/22/1996

4. FEI Number  
65-0708785

Applied For  
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 601 NORTH FLAMINGO ROAD  
Suite, Apt. #, etc.

22 300  
City & State

23 PEMBROKE PINES, FL  
Zip

24 33028 Country

2a. Mailing Address  
26  
Suite, Apt. #, etc.

27  
City & State

28  
Zip

29 U.S.A. Country

30

9. Name and Address of Current Registered Agent

PLOUCHA, L M  
1946 TYLER ST  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE  
NAME GITTELMAN, MARC MD  
STREET ADDRESS 21150 BISCAYNE BLVD #404  
CITY-ST-ZIP AVENTURA FL 33180

TITLE VPD ☒ DELETE  
NAME SAKETKOO, GOODARZ MD  
STREET ADDRESS 2500 E HALLANDALE BLVD #505  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VPD ☐ DELETE  
NAME WEINSTEIN, MITCHELL DO  
STREET ADDRESS 8890 WEST OAKLAND PARK BLVD #304  
CITY-ST-ZIP SUNRISE FL 33351

TITLE VPD ☐ DELETE  
NAME ANTOSEK, RICHARD DO  
STREET ADDRESS 8890 WEST OAKLAND PRK BLVD  
CITY-ST-ZIP SUNRISE FL 33351

TITLE SD ☐ DELETE  
NAME HOFFBERGER, ROBERT DO  
STREET ADDRESS 8890 WEST OAKLAND PRK BLVD #304  
CITY-ST-ZIP SUNRISE FL 33351

TITLE PD ☐ DELETE  
NAME PINES, JACK MD  
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD., #505  
CITY-ST-ZIP HALLANDALE FL 33009

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIT ☐ Change ☒ Addition  
1.2 NAME LAWRENCE WINTON, M.D.  
1.3 STREET ADDRESS 21150 BISCAYNE BOULEVARD, #404  
1.4 CITY-ST-ZIP AVENTURA, FL 33180

2.1 TITLE A ☐ Change ☒ Addition  
2.2 NAME MARK CHRIST M.A.  
2.3 STREET ADDRESS 21150 BISCAYNE BOULEVARD, #404  
2.4 CITY-ST-ZIP AVENTURA, FL 33180

3.1 TITLE VP ☒ Change ☐ Addition  
3.2 NAME MITCHELL WEINSTEIN, D.O.  
3.3 STREET ADDRESS 8890 WEST OAKLAND PARK BLVD, #304  
3.4 CITY-ST-ZIP SUNRISE, FL 33351

4.1 TITLE A ☐ Change ☒ Addition  
4.2 NAME HARVEY SAMOWITZ, MD  
4.3 STREET ADDRESS 21150 BISCAYNE BOULEVARD, #404  
4.4 CITY-ST-ZIP AVENTURA, FL 33180

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0138890