

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90038 050 \*\*\*150.00

**DOCUMENT # P96000095748**

1. Entity 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 33020-4517**

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0708785**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLOUCHA, L M  
1946 TYLER ST  
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GITTELMAN, MARC MD	
STREET ADDRESS	21150 BISCAYNE BLVD #404	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	WINTON, LAWRENCE M.D.	
STREET ADDRESS	21150 BISCAYNE BLVD, #404	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEINSTEIN, MITCHELL DO	
STREET ADDRESS	8890 WEST OAKLAND PARK BLVD #304	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANTOSEK, RICHARD DO	
STREET ADDRESS	8890 WEST OAKLAND PRK BLVD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFFBERGER, ROBERT DO	
STREET ADDRESS	8890 WEST OAKLAND PRK BLVD #304	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PINES, JACK MD	
STREET ADDRESS	2500 E. HALLANDALE BEACH BLVD., #505	
CITY-ST-ZIP	HALLANDALE FL 33009	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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

Date

Daytime Phone #

2/1/2000 954/430520