

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90150 009 \*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0708785

Applied For

Not Applicable

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Mark Christ, M.D.<br>21150 Biscayne Blvd, #404<br>Aventura, FL 33180      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>Harvey Samowitz, M.D.<br>21150 Biscayne Blvd, #404<br>Aventura, FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/02 (305) 466.9111  
 Date Daytime Phone #

CR2E034 (9/01)