


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90066 002 \*\*\*150.00

<b>DOCUMENT # P96000095748</b> 1. Entity Name <b>URO-MEDIX, INC.</b>					
Principal Place of Business <b>601 N FLAMINGO RD 300 PEMBROKE PINES, FL 33028 US</b>			Mailing Address <b>601 N FLAMINGO RD 300 PEMBROKE PINES, FL 33028 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2500 E. Hallandale Bch Blvd Suite 505</b>		01282005    Chg-P    CR2E034 (10/03)	
City & State <b>Hallandale, FL 33009</b>		City & State <b>Hallandale, FL 33009</b>		4. FEI Number <b>65-0708785</b>	
Zip <b>33028</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PLOUCHA, L M 1946 TYLER ST HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name <del>Kramer Green Zuckerman Greene &amp; Buchsbaum, P.A. Mitchell F. Green</del> Street Address (P.O. Box Number is Not Acceptable) <b>4000 Hollywood Blvd., Suite 485 South Hollywood, FL 33021</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Mitchell F. Green</i></u> DATE <u>2-14-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GITTELMAN, MARC MD 21150 BISCAYNE BLVD #404 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T WINTON, LAWRENCE M.D. 21150 BISCAYNE BLVD, #404 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEINSTEIN, MITCHELL DO 8890 WEST OAKLAND PARK BLVD #304 SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANTOSEK, RICHARD DO 8890 WEST OAKLAND PRK BLVD SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMONSIZ, HARVEY AD 21150 BISCAYNE RD. AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINES, JACK MD 2500 E. HALLANDALE BEACH BLVD., #505 HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 304 VPD SAMOWITZ, Harvey, M.D. 21150 Biscayne Blvd., #404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> DATE <u>2/14/2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					