

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90221 024 \*\*\*150.00

<b>DOCUMENT # P96000095748</b>					
<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> 2500 E. HALLANDALE BCH BLVD STE 505 HALLANDALE, FL 33009 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2500 E. Hallandale Bch Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Penthouse 2 Hallandale, FL 33009		04172007    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0708785	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
33009		USA			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GREEN, MITCHELL F 4000 HOLLYWOOD BLVD STE 485 SOUTH HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> VPD <b>NAME</b> GITTELMAN, MARC MD <b>STREET ADDRESS</b> 21150 BISCAYNE BLVD #404 <b>CITY-ST-ZIP</b> AVENTURA, FL 33180	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> Mark Christ, M.D. <b>STREET ADDRESS</b> 21150 Biscayne Blvd, #304 <b>CITY-ST-ZIP</b> Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D/T <b>NAME</b> WINTON, LAWRENCE M.D. <b>STREET ADDRESS</b> 21150 BISCAYNE BLVD, #404 <b>CITY-ST-ZIP</b> AVENTURA, FL 33180	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> Stephen Tannenbaum, M.D. <b>STREET ADDRESS</b> 21150 Biscayne Blvd. <b>CITY-ST-ZIP</b> Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> WEINSTEIN, MITCHELL DO <b>STREET ADDRESS</b> 8890 WEST OAKLAND PARK BLVD #304 <b>CITY-ST-ZIP</b> SUNRISE, FL 33351	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPDS <b>NAME</b> ANTOSEK, RICHARD DO <b>STREET ADDRESS</b> 8890 WEST OAKLAND PARK STE 304 <b>CITY-ST-ZIP</b> SUNRISE, FL 33351	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> SAMOWITZ, HARVEY MD <b>STREET ADDRESS</b> 21150 BISCAYNE BLVD STE #404 <b>CITY-ST-ZIP</b> AVENTURA, FL 33180	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> PINES, JACK MD <b>STREET ADDRESS</b> 2500 E. HALLANDALE BEACH BLVD., #505 <b>CITY-ST-ZIP</b> HALLANDALE, FL 33009	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>			4/17/2007 954 748-4771		
Richard B. Antosek, M.D., FACOS Vice President, Director-Secretary					