

P96000095748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

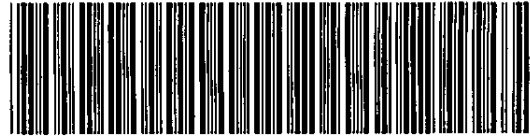
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

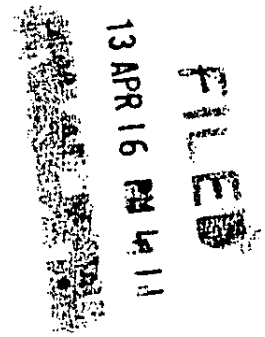
Special Instructions to Filing Officer:

Office Use Only



200246642352

04/16/13--01028--023 \*\*35.00



PA  
Change

04-23-13

DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Uro-Medix, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P96000095748

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Pines, M.D.

Name of Contact Person

Uro-Medix

Firm/Company

2500 E. Hallandale Beach Blvd, Penthouse II

Address

Hallandale, FL 33009

City/State and Zip Code

japines@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toni Kelly

Name of Contact Person

at ( 954 ) 748-4771

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Uro-Medix, Inc.
2. The principal office address: 601 North Flamingo Road, Suite 300  
Pembroke Pines, FL 33028
3. The mailing address (if different): 2500 East Hallandale Beach Boulevard, Penthouse II  
Hallandale, FL 33009
4. Date of incorporation/qualification: 11/14/1996 Document number: P96000095748
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mitchell F. Green, Esq.

4000 Hollywood Blvd., Suite 485 South

Hollywood, FL 33021

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jack A. Pines, M.D.

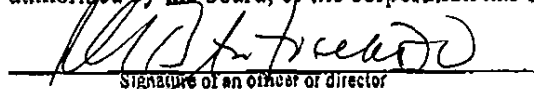
2500 East Hallandale Beach Boulevard, Penthouse II

P.O. Box NOT acceptable

Hallandale, FL 33009

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Richard B. Antosek, D.O., VPDS

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

April 11, 2013

Date

If signing on behalf of an entity:

Jack A. Pines, M.D.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED  
13 APR 16 PM 4 11

