FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000102375

UROSPHERE QUALITY MANAGEMENT INC.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90098 049 ***150.00



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Principal Place of Business Mailing Address						T TO DESIGN THE TREE DESIGN DE	380 14811 8811 K 11988	aton'i ana	MIN IMME		
5305 GREENWOOD AVE. STE 206 5305 GREENWOOD AVE. STE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407						DO NOT WRITE I	N THIS SPACE	×,			
							3. Date Incorporated or Qualifed				
							12/19/1996				
2. Principal Pl	ace of Business	2a. Mailin	2a. Mailing Address				4. FEI Number		Applied For		
21		26					65-0730482		Not App		
Suite, Apt. :	#, etc.	27	Apt. #, etc.				5. Certifcate of Status Desired	Fee	5 Additi Require	ed	
City & State	9-	28 City 8	State*				Election Campaign Financing Trust Fund Contribution		00 May led to Fe		
Zip	Country	Zip	 "		intry		8. This corporation owes the current	year Intangible	X		
24	25	29		30	1	_	Personal Property Tax. 10. Name and Address of New Regi		— X	<u></u>	
	9. Name and Address of Curre	nt Registered A	Agent		81	Name	10. Name and Address of New Regi	stereu Agent			
IAEE	E, ART					1481116					
3900 HOLLYWOOD BLVD.				82	Street Add	ress (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33021				83							
1102					"		<u></u>				
					84	City		FL 85 2	Zip Code	1	
office or re	to the provisions of Sections 607.05 agistered agent, or both, in the State on familiar with, and accept the obligi	of Florida Suc	h change was a	Ulhorized	'vd t	the comorat	poration submits this statement for the pur ion's board of directors. I hereby accept th	oose of changing a appointment a	its regis s registe	stered red	
SIGNATURE						·	ad who a significant	DATE		— í	
_ -	Signature, typed or printed name of registered age	ND DIRECTORS	<u></u> -	13.	Agen	t signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		CTORS	IN 12	
TITLE	D OFFICERS AI	UD DIRECTOR	DELETE	1.1 Ti	TLE	$\overline{}$	ADDITIONS CHARGED TO CITTO	☐ Char		Addition	
NAME	HERNANDEZ, HUGO			1.2 N							
STREET ADDRESS	10111 WEST FOREST HILL BI	VD STE 200		•		ADDRESS				{	
1	WELLINGTON FL 33414	. TD. OIL 200	_		TY-S1						
CITY-ST-ZIP TITLE	D		DELETE	2.1 T	-	-		☐ Chat	nge [Addition	
NAME	FINNEL, DEBRA		\nearrow	2.2 N	AME					ļ	
STREET ADDRESS	13226 157TH COURT NO.					ADDRESS				- (
	JUPITER FL.33478			1	XTY-S						
CITY-ST-ZIP TITLE	D		DELETE	3.1 T		-		☐ Char	nge [Addition	
NAME	DANGELO, JOSEPH V			3.2 N	AME					ļ	
STREET ADDRESS	5305 GREENWOOD AVE. STE	206		3.3 S	TREET	ADDRESS				[
CITY-ST-ZIP	WEST PALM BEACH FL 3340			3.4. 0	ITY-S	T-ZIP					
TITLE	VICO. V. IZIV DB (0.1.) E 00 .00		☐ DELETE	4,1 T				☐ Char	nge [Addition	
NAME	•			4.21	IAME	ŀ					
STREET ADDRESS				4.3 S	TREET	ADORESS	•				
CITY-ST-ZIP					ITY-S						
TITLE	<u> </u>		☐ DELETE	5.1 T			• .	☐ Chai	nge [Addition	
NAME	•			5.2 N	AME						
STREET ADDRESS				5.3 S	TREET	ADDRESS				{	
CITY-ST-ZIP				54 C	πy•s	T-ZIP					
TITLE			DELETE	6.1 T	ITLE			☐ Chai	nge [Addition	
NAME				6.2 N	AME						
STREET ADDRESS				6.3 S	TREET	ADDRESS				[

14. 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 annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, pron an attachment with an address, with all other like empowered 1 < 1

SIGNATURE:

CR2E034 (11/98)