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

PROFIT : **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G84610

JUPITER ULTRASOUND SERVICES, INC.

Principal Place of Business		
	,	
502 PINE GROVE AVE		
JUPITER FL 33458		

Mailing Address

502 PINE GROVE AVE JUPITER FL 33458

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90057 049 ***150.00



DO NOT WRITE IN THIS SPACE

			3. Date Incorporated or Qualifed						
•				····	02/14/1984				
Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	Applied For		
21		26			59-2374027		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	Additional		
22		27			5. Certifcate of Status Desired	Fee Re			
City & Stat	le .	City & State			6 Floring Compaign Figureing	CE 00			
	,	⊢ ′			6. Election Campaign Financing	\$5.00			
23		28			Trust Fund Contribution	Added t	o Fees		
Zip ·	Country	Zip Country			8. This corporation owes the current year Intar				
24	25	29 30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent			
	-140 4 44 44 4	•	8	31 Name	•		Į		
COC	COOK, ROBERT B.								
% D	ESANTIS, COOK & GASKILL, P.A.	F;	8	32 Street	Address (P.O. Box Number is Not Acceptable)				
1180	91 U.S. HWY. ONE		-				7.		
		٠	1	33					
NOH	RTH PALM BEACH FL 33408		-	34 City		85 Zip C	ode		
	•		6	P4 City	FL	92 Zib C	Jude		
11 Dureuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abo	ve-named	-	panging its	registered		
office or r	registered agent, or both, in the State of	Florida, Such change was aut	norized b	y the corp	d corporation submits this statement for the purpose of clooration's board of directors. I hereby accept the appoint	ment as re	gistered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statute	es.					
SIGNATURE									
OIO/O/CIO/CE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered A	gent signature	required when reinstating) : DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PST	☐ DELETE	1,1 TITLE	E	CALL PARTITION OF	Change	☐ Addition		
NAME	ERIKSON, LOIS F.		1.2 NAM						
							1		
STREET ADDRESS			1.3 STR	EET ADDRESS					
CITY-ST-ZIP	JUPITER FL		1.4 CITY	-ST-ZIP	•				
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NAME			2.2 NAM	E					
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STREET ADDRESS	•				'				
CITY-ST-ZIP				-ST-ZIP					
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CITY-ST-ZIP			4.4 CITY						
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NAME		•	5.2 NAM	Ė					
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CITY-ST-ZIP	PSC.		5.4 CITY	-ST-ZIP	P				
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CITY-ST-ZIP	<u>'</u>		6.4 CITY	-ST-ZIP			}		
VIII-OI-CIF	L company of the comp	t t	E		<u> </u>				

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, drion an attachment with an address, with all other like empowered.

SIGNATURE