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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 30 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **L47372** **(2)**

1. Corporation Name
CARDIOSONOGRAPHY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~H WAYNE H. RASSNER, ESQ.~~ ~~7000 SW 62ND AVE. PLAZA 7000 SUITE 500~~ ~~S MIAMI FL 33143~~	~~H WAYNE H. RASSNER, ESQ.~~ ~~7000 SW 62ND AVE. PLAZA 7000, SUITE 500~~ ~~S MIAMI FL 33143~~

3. Date Incorporated or Qualified: **02/05/1990**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business
21 CARDIOSONOGRAPHY, INC.
Suite, Apt. #, etc.
22 11298 S.W. 155 LANE
City & State
23 MIAMI, FLORIDA
Zip 24 33157 Country 25 U.S.A

2a. Mailing Address
26 SAME AS 2.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0177276** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~RASSNER, H WAYNE~~
~~7000 SW 62ND AVE~~
~~PLAZA 7000, STE 500~~
~~S MIAMI FL 33143~~

10. Name and Address of New Registered Agent

91 Name: WAYNE H. RASSNER.
92 Street Address (P.O. Box Number is Not Acceptable): 7700 N. KENDALL DR SUITE 803
93
94 City: MIAMI FL **FL** 95 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	DOWNS, CROMWELL	12 NAME		
STREET ADDRESS	11298 SW 155 LN	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	DOWNS, CROMWELL	22 NAME		
STREET ADDRESS	11298 SW 155 LN	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: Cromwell Downs (CROMWELL O. DOWNS) 03-23-95 (305)238-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420715 FP