Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90283 050 \*\*\*150.00

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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEP/RTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000010429

1. Corporation Name

Principal Place of Business

SONO-DIAGNOSTIC IMAGING, INC.

•		•			1					
1111 LUCERNE	TERR	818 HEATHER GLEN CIR.								
STE 2 LAKE MARY FL 32746						DO NOT	WOITE IN THE	SPACE		
ORLANDO FL 3	2806				-	DO NOT WRITE IN THIS SPACE  3. Date It corporated or Qualified				
US						02/03/1993	ameu		İ	
2 Dringing Di	ace of Business	2a. Mailing Address			-+	4. FEI Number		A	pplied For	
		— `	<b>/</b>			59-3174634			ot Applicable	
	Lee Road	26 2273 Lee Krad Suite, Apt. #, etc.			-+	33 3 174004			Additional	
Suite, Apt. i	<u> </u>	+ H 100			<ol><li>Certifcate of Status Desir</li></ol>	red 🗌		ecuired		
			· · · · · · · · · · · · · · · · · · ·							
City & S:ate	A 1		. h	FL		6. Election Campaign Finar	icing	•	May Be tc Fees	
	ter Park FL	20 00 1 7		<u> </u>		Trust Fund Contribution			ic rees	
Zip	Country	Zip	Country			8. This corporation owes th	a current year n	ltangible ☐ Yes	ͶNo	
24 327		29 32789 30	L			Persor al Property Tax.  0. Name and Address of I	Now Bogistored		131140	
	9. Name and Address of Current	Registered Agent	81	Name			<del></del>	Agent		
DODE	DICHEZ PLANCA M		181	Name	Roc	1 F. Miran	da			
RODRIGUEZ, BLANCA M				Street	Ac dress	(P.O. Box Number is Not A	cceptable)			
818 HEATHER GLEN CIR.					779	Tomlinson	ne Ter	·/		
LAKE MARY FL 32746										
			84	City				85 Zip	Code	
	1				Lake	e Mary	Fl	_     32	2746	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named	ccrporat	tion submits this statement for	or the purpose of	changing it	s registered	
office crre	egistered agent, or both in the State on familia with, and accept the obligati	i Florida. Such change was autho	orized by	the corpo	oration's	board of cirectors. I hereby	accept the appo	intment as r	eg sterea	
agent. ar	n familia with, and at certifine obligati	Koy 5	M	IRA I	INA		4/21	lac		
SIGNATURE	Signature, lyped or printed na ne of registered agent	<u> </u>	istered Ager	it signature r	required who	en reinstating)	DATE	77	——	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES T	O OFFICERS A			
TITLE	D	X DELETE	1.1 TITLE		lo l			i Change	Addition	
NAME	PEDRO SOLER		1.2 NAME		Joh	n Howard Fl 30 Arborwood	998			
STREET ADDRE 3S	3310 NORTH GLEN DR		1.3 STREET	ADDRESS	24	30 Arborwood	Dr.			
CITY-ST-ZIP	ORLANDO FL 32806		14 CITY-S		Val	rico , FL 335	594		ĺ	
TITLE	P	DELETE	2.1 TITLE		$\Box z = \overline{z}$	7		☐ Change	Addition	
i	• • • • • • • • • • • • • • • • • • • •		2.2 NAME		1.00	s Windsor Re Heather glan	MIGUEZ.		{	
NAME			2.3 STREET	LADDDESS	018	Heather 91en	citale		]	
STREET ADDRE 3S	818 HEATHER GLEN CIR.				3.4	Mark El 3	2746			
CITY-ST-ZiP	LAKE MARY FL 32746	□ DELETE	2.4 CITY-S 3.1 TITLE	T-ZIP	11/1-	mary, FL 3		☐ Change	Addition	
TITLE		Detric	1		1073		·		4	
NAME			32 NAME		Roy	Francisco Mi Tomlinson	ranga Tari	_		
STREET ADDRE 3S			3 3 STREET	ADDRESS	775	1 101111111301	70 101			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	i-a k	re Mary, FL	32 /46		- Addison	
TITLE		☐ DELETE	41 TITLE			Y		Change	e Addition	
NAME			42NAME							
STREET ADDRE 3S			4.3 STREET	TADDRESS	3					
CITY-ST-ZIP			44 CITY-S	T-ZIP	<u>L</u>					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME			5.2 NAME		İ				1	
STREET ADDRESS			5.3 STREET	r address	s					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE		$^{+-}$			☐ Change	Addition	
		<u></u>	6.2 NAME					•		
NAME				TADDRESS	,					
STREET ADDRESS.										

6.4 CITY-ST-ZIP

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 supplied that it is true and accurate and that my signature shall have the same legal effect as if made or derivate that I am an officer or director of the corporation or the feether or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRE 3S

CITY-ST-ZIP

MIRANDA 4/21/99