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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090000 (6)

SOUND DIAGNOSTICS, INC.

	Principal Place of Business	Mailing Address
	11111-2A SAN JOSE BLVD #176 JACKSONVILLE FL 32223	11111-2A SAN JOSE BLVD #176 JACKSONVILLE FL 32223
7		

FILED Apr 25 1997 8:00am Secretary of State



JACKSONVILLE FL 32223			JACKSONVILL	JACKSONVILLE FL 32223			in the state of th			
							3. Date Incorporated or Qualified 11/01/1996	3a. Date of Last	Report	
2. Principal Pi	pal Place of Business 2a. Mailing Address				······		4. FEI Number	a	pplied For	
21				26			59-341531	1	lot Applicable	
Sulte, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Additional	
22			27				Fee Required			
City & State			City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Zip	-	Country	├─ ┐ `	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24		25	29	30	0]		Florida Statutes 10. Name and Address of New Re	Yes No		
		and Address of Curr	ent negistered Age	orac	81	Name	10. Name and Address of New Ae	gistoreu Agerit		
	IZALEZ, KAI				["	T TUCK THE				
		SE BLVD #1007			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
JAC	KSONVILLE	FL 32223			83	ļ				
					03					
					84	City		85 Zip	Code	
44 5		40	100 - 1007 1500 f	7-1-1-00-1-1		1	and the substitute of the statement for the substitute of the subs	FL 3	ita registered	
11. Pursuant to the provisions of Soctions 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 a	m familiar witt	h, and accept the ob	ligations of, Section (607.0505, Florid	da Statute	S.				
SIGNATURE		·						DATE		
12.	Signature, typed o	or printed name of registered	AND DIRECTORS	(NOTE)	13.	ent signature i	required when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	D	OFFICENSE		DELETE	11 10 LE		ADDITIONO OF THE	Change		
NAME	GONZALE	7 RONALD E	-		1.2 NAME					
STREET ADDRESS	ALONE CALL LOOP BLUD HADD			T ADDRESS						
	LAGUAGEN BLE FL AGGA			1.4 CITY-						
CITY+ST-ZIP TITLE	TS	THELE I C OZZZO		DELETE	2.1 111LF	21.51		Change	Addition	
NAME	_			2.2 NAME				-		
STREET ADDRESS	I A A A A A A A A A A A A A A A A A A A				2.3 STREET ADDRESS					
CITY-ST-ZIP		MILLE FL 32223			2. 4 CHY- S1-ZIP					
TITLE	UNONOUT	THE I C OLLLO		DELETE	3.1 TITLE	31 211		☐ Change	Addition	
NAME					3.2 NAME					
STREET ADDRESS						T ADORESS				
				3.4. CITY - ST - ZIP						
TITLE					4.1 TITLE	<u> </u>	,	☐ Change	Addition	
NAME					4. 2 NAM					
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP					4.4 CITY-		•			
TITLE				DELETE	5.1 TITLE			☐ Change	Addition	
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREE	T ADDRESS				
CITY-ST-ZIP					54 CITY-	1				
TITLE				DELETE	6.1 TITLE			Change	Addition	
NAME					62 NAME					
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP					64 CITY-	t				

4. I do 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 proporation 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 or Block 14 or Block 15 or Block 15 or Block 16 or Block 17 or Block 17 or Block 18 or Block 18 or Block 19 or Block

CHATURE AND WALLEY

epril 20, 1997

CR2E034 (9/96)