

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 # P960000090000

1. Corporation Name

SOUND DIAGNOSTICS, INC.

Principal Place of Business

10697 Ballesteros Dr E.  
Jax, FL 32257

Mailing Address

11111-2A San Jose Blvd #126  
Jax, FL 32223

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

Karina Gonzalez  
10697 Ballesteros Dr E.  
Jax, FL 32257

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

President  
Ronald E. Gonzalez  
10697 Ballesteros Dr E.  
Jax FL 32257

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

Secretary  
Karina E. Gonzalez  
10697 Ballesteros Dr E.  
Jax FL 32257

TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

(904) 710-5771

Date Daytime Phone

FILED

93 APR 29 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

November 1996

4. FEI Number

59-3415319

Applied For  
Not Applicable

5. Certificate of Status Desired

[ ]

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

[ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

[ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)