2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90500 045 ***150.00

DOCUMENT # F02000004110

1. Entity Name

K & G ULTRASOUND DIAGNOSTIC MEDICAL LABORATORY, INC.

Principal Place of Business
180 BEACH 118TH STREET
ROCKAWAY PARK NY 11694

Mailing Address
180 BEACH 118TH STREET
ROCKAWAY PARK NY 11694

2. Principal Place of Business
X 12325 Veronese Str.
Suite, Apt. #, etc.
North Port, Florida
City & State
Florida 34287.
Zip
Country USA.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

MOORE 5 CR2E034 (11/03)

4. FEI Number 11-2745356 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GUBICH, SAM
12325 VERONESE STREET
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD ☐ Delete
NAME	GUBICH, ZINA
STREET ADDRESS	12325 VERONESE STREET
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	SD ☐ Delete
NAME	GUBICH, SAM
STREET ADDRESS	12325 VERONESE STREET
CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F02000004110 34B99D6

CORDIAGNOSTIC MEDICAL

Please correct. I.D. #: - SHOULD BE 11-2745556

Principal Place of Business: 180 BEACH 116TH STREET, ROCKAWAY PARK NY 11694

Mailing Address: 180 BEACH 116TH STREET, ROCKAWAY PARK NY 11694

1. Principal Place of Business: Street/Suite, City & State, Zip, County

2. Mailing Address: Street/Suite, City & State, Zip, Country

MOORE CR2E034 (11/03)

4. FEI Number: 11-2745556 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent:
GUBICH, SAM
12325 VERONESE STREET
NORTH PORT FL 34287

7. Name and Address of New Registered Agent:
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

The undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (MORE) Registered Agent signature required when mandated. DATE

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

10. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
PD	GUBICH, ZINA	12325 VERONESE STREET	NORTH PORT FL 34287	☐
SD	GUBICH, SAM	12325 VERONESE STREET	NORTH PORT FL 34287	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	Name	Street Address	City-St-Zip	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

JERRY KAMER
CERTIFIED PUBLIC ACCOUNTANT
2922 CHARLOTTE DRIVE
MERRICK, NY 11566

TEL (516) 867-7612
FAX (516) 867-0841

Attachment

February 15, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: K & G Ultrasound Diagnostic Lab Inc
Reference #: F02000004110 54039906

Dear Examiner:

The annual report contains an error in the company's ID#. It **wrongly** reports **11-2745356**. The **correct** number is **11-2745556**.

Please make the necessary corrections. If you require any further information, please contact me.

Very truly yours,

Jerry Kamer