

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 <i>12325 Veronese Str.</i> Suite, Apt. #, etc. <i>NORTH Port, Florida</i> City & State <i>Florida 34287</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <i>USA</i>			
4. FEI Number 11-2745366		MOORE 5 CR2E034 (11/03) 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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUBICH, ZINA 12325 VERONESE STREET NORTH PORT FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUBICH, SAM 12325 VERONESE STREET NORTH PORT FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date			Daytime Phone #		

Attachment
PHONE NO. :

Feb. 15 2004 08:45PM PM

**FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

1. CORPORATION # **FD2000004110**
2. CORPORATION NAME **DIAGNOSTIC MEDICAL**

3. Principal Place of Business
180 BEACH 118TH STREET
MOCKAWAY PARK NY 11684

4. Mailing Address
180 BEACH 118TH STREET
MOCKAWAY PARK NY 11684

5. State, Apt. #, etc.
State, Apt. #, etc.

6. City & State
City & State

7. Zip
Country

8. Name and Address of Current Registered Agent
GURICH, SAM
12325 VERONESE STREET
NORTH PORT FL 34287

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

10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that this information 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.

11. I am familiar with, and accept the responsibilities of registered agent.

12. I am familiar with, and accept the responsibilities of registered agent.

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Please correct.
ID # -
SHOULD BE
11-2745556



MOORE OF CP2004 (11/03)

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

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

8. Election Campaign Financing
Trust Fund Contribution. ☐ \$8.00 May Be Added to Fees

9. OFFICERS AND DIRECTORS
10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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50. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 *54039900*

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 K
Jerry Kamer