

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

DOCUMENT # F02000004110

1. Entity Name

K & G ULTRASOUND DIAGNOSTIC MEDICAL
LABORATORY, INC.



Principal Place of Business

12325 VERONESE STREET
NORTH PORT FL 34287

Mailing Address

K&G ULTRASOUND LAB
12325 VERONESE ST
NORTH PORT FL 34287

2. Principal Place of Business

436 Monza Ave.

Suite, Apt. #, etc.

North port FL

City & State

34287

Zip

Country

3. Mailing Address

436 MONZA AVE

Suite, Apt. #, etc.

1st Floor PH.

City & State

NORTH PORT, FL

Zip

34287

Country

FLORIDA

1st MOORE

CR2E034 (10/05)

4. FEI Number

11-2745555

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, 2006 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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Semyon Gubich* (SEMYON GUBICH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 (341)429-0260

Date

Daytime Phone #