2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000004110

1. Entity Name
K & G ULTRASOUND DIAGNOSTIC MEDICAL LABORATORY, INC.

FILED
2007 OCT 12 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
436 MONZA AVE NORTH PORT, FL 34287	436 MONZA AVE 1ST FLR PH NORTH PORT, FL 34287

10072007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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: GUBICH, SEMYON
Street Address (P.O. Box Number is Not Acceptable): 436 MONZA AVE
City: NORTH PORT, FL
FL Zip Code: 34287

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: Semyon Gubich DATE: 10/8/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS: Remove	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 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: GUBICH ZINA / 436 MONZA AVE / NORTH PORT FL 34287 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: SD / GUBICH, SAM / 12325 VERONESE STREET / NORTH PORT, FL 34287 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: GUBICH, SEMYON / 436 MONZA AVE / NORTH PORTH, FL 34287 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 100110709881 10/12/07--01010--004 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 10/8/07 (941)423-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

10/15 aw