

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004110

FILED
Jul 29, 2009
Secretary of State

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

Current Principal Place of Business:

436 MONZA AVE
NORTH PORT, FL 34287

New Principal Place of Business:

3001 S OCEAN DRIVE
#1521
HOLLYWOOD, FL 33019

Current Mailing Address:

436 MONZA AVE
1ST FLR PH
NORTH PORT, FL 34287

New Mailing Address:

3001 S OCEAN DRIVE
#1521
HOLLYWOOD, FL 33019

FEI Number: 11-2745556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUBICH, SEMYON
436 MONZA AVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

GUBICH, SEMYON
3001 S OCEAN DRIVE
#1521
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: _____

07/29/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUBICH, ZINA
Address: 436 MONZA AVE
City-St-Zip: NORTH PORT, FL 34287

Title: SD () Delete
Name: GUBICH, SEMYON
Address: 436 MONZA AVE
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUBICH, SEMYON
Address: 3001 S OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD (X) Change () Addition
Name: GUBICH, SEMYON
Address: 3001 S OCEAN DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEMYON GUBICH

PD

07/29/2009

Electronic Signature of Signing Officer or Director

Date