FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 10:36

DOCUMENT # **F94000000353 (2)**

1. Corporation Name
DIASONICS ULTRASOUND, INC.

Principal Place of Business	Mailing Address
1565 BARBER LANE MILPITAS CA 95035	1565 BARBER LANE MILPITAS CA 95035

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 77-0335612 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		XX Change ☐ Addition
NAME	MOORE, BRUCE	1.2 NAME	EMMANUEL GILL	
STREET ADDRESS	1565 BARBER LANE	1.3 STREET ADDRESS	1565 BARBER LANE	
CITY-ST-ZIP	MILPITAS CA 95035	1.4 CITY-ST-ZIP	MILPITAS CA 95035	
TITLE	VS	2.1 TITLE		XX Change ☐ Addition
NAME	MAY, ALLEN	2.2 NAME	PETER KIRSHEN	
STREET ADDRESS	1565 BARBER LANE	2.3 STREET ADDRESS	1565 BARBER LANE	
CITY-ST-ZIP	MILPITAS CA 95035	2.4 CITY-ST-ZIP	MILPITAS CA 95035	
TITLE	V	3.1 TITLE	CEO	XX Change ☐ Addition
NAME	O'CONNER, SHAWN	3.2 NAME	EMMANUEL GILL	
STREET ADDRESS	1565 BARBER LANE	3.3 STREET ADDRESS	1565 BARBER LANE	
CITY-ST-ZIP	MILPITAS CA 95035	3.4 CITY-ST-ZIP	MILPITAS CA 95035	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BUCCIARELLI, ROBERTO	4.2 NAME		
STREET ADDRESS	1565 BARBER LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MILPITAS CA 95035	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	[illegible]	XX Change ☐ Addition
NAME	STAFFORD, WALTER	5.2 NAME	EMMANUEL GILL	
STREET ADDRESS	1565 BARBER LANE	5.3 STREET ADDRESS	1565 BARBER LANE	
CITY-ST-ZIP	MILPITAS CA 95035	5.4 CITY-ST-ZIP	MILPITAS CA 95035	
TITLE	D	6.1 TITLE		XX Change ☐ Addition
NAME	CARRELL, STEWART	6.2 NAME	UZIA GALIL	
STREET ADDRESS	1565 BARBER LANE	6.3 STREET ADDRESS	1565 BARBER LANE	
CITY-ST-ZIP	MILPITAS CA 95035	6.4 CITY-ST-ZIP	MILPITAS CA 95035	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] WILLIAM HAMMACK 1-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0481068 FP