FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000000353 (2)**

1. Corporation Name
DIASONICS ULTRASOUND, INC.

Principal Place of Business
1565 BARBER LANE
MILPITAS CA 95035

Mailing Address
1565 BARBER LANE
MILPITAS CA 95035

3. Date Incorporated or Qualified: **01/13/1994**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business
21 2860 DE LA CRUZ BLVD
Suite, Apt. #, etc.
22
City, & State
23 SANTA CLARA CA
24 95050 Country 25 SANTA CLARA

2a. Mailing Address
26 SAME
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 XX 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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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
(Required if this statement is not filed with the Annual Report) (Note: Registered Agent signature required when registering) DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	EMMANUEL, GILL		1.2 NAME		
STREET ADDRESS	1565 BARBER LANE		1.3 STREET ADDRESS	2860 DE LA CRUZ BLVD	
CITY-ST-ZIP	MILPITAS CA		1.4 CITY-ST-ZIP	SANTA CLARA CA 95050	
TITLE	VS	XX DELETE	2.1 TITLE	SECRETARY	☐ Change XX Addition
NAME	KIRSHEN, PETER		2.2 NAME	DAN T. JETT	
STREET ADDRESS	1565 BARBER LANE		2.3 STREET ADDRESS	2860 DE LA CRUZ BLVD	
CITY-ST-ZIP	MILPITAS CA		2.4 CITY-ST-ZIP	SANTA CLARA CA 95050	
TITLE	DCEO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILL, EMMANUEL		3.2 NAME		
STREET ADDRESS	1565 BARBER LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MILPITAS CA		3.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	4.1 TITLE	CFO	☐ Change XX Addition
NAME	BUCCIARELLI, ROBERTO		4.2 NAME	ODED TAMIR	
STREET ADDRESS	1565 BARBER LANE		4.3 STREET ADDRESS	2860 DE LA CRUZ BLVD	
CITY-ST-ZIP	MILPITAS CA 95035		4.4 CITY-ST-ZIP	SANTA CLARA CA 95050	
TITLE	D	XX DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STAFFORD, WALTER		5.2 NAME		
STREET ADDRESS	1565 BARBER LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MILPITAS CA 95035		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GALIL, UZIA		6.2 NAME		
STREET ADDRESS	1565 BARBER LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MILPITAS CA		6.4 CITY-ST-ZIP		

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)(k), Florida Statutes. I further certify, that this 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: DAN T. JETT — 1/18/96 — 408 496-4706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #