

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000000660 (8)

1. Corporation Name  
ATLANTIC ULTRASOUND, INC.



Principal Place of Business

Mailing Address

2398 SE FLORESTA DRIVE  
PORT ST LUCIE FL 34984  
US

2398 SE FLORESTA DRIVE  
PORT ST LUCIE FL 34984  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 ~~506 S Federal Hwy~~

26 P.O. Box 9073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Stuart, FL

27 Port St. Lucie FL

City & State

City & State

23 34994 FL USA

28 34994 FL

Zip

Zip

Country

Country

24

29

30

4. FEI Number

65-0638003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAN, TIMOTHY J  
2398 SE FLORESTA DRIVE  
PORT ST. LUCIE FL 34984

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BEAN, TIMOTHY J  
2398 SE FLORESTA DRIVE  
PORT ST LUCIE FL 34984

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
TETTEMER, EDWIN K  
4215 GATOR TRACE AVENUE  
FORT PIERCE FL 34982

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BEAN, JUAQUELINE C  
2398 SE FLORESTA DRIVE  
PORT SLT. LUCIE FL 34984

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Bean, Jacqueline C  
2398 SE Floresta Drive  
Port St. Lucie FL 34984

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

Jacqueline C. Bean, Secretary

561-340-1561  
4-28-98

CR2E034 (10/97)