2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600000660

ATLANTIC ULTRASOUND, INC.

Principal Place of Business Mailing Address FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90033 041 ***150.00

2. Principila Place of Business Solle, Apt. #. stc. Suite, Apt. #. stc	506 S FEDERA STUART FL 34: US		P O BOX 9073 PORT ST LUCIE FL 34984 US					lsi he tti ak iit		20 11 1061	
City & State	2. Principal Place of Business		3. Mailing Address								
Country Zip Country S. Certificate of Status Desired Se. 75. Additional Fee Required. Se. 75. Additional Fee Required. Se. 75. Additional Fee Required. See Re	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Second S	City & Stat	e	City & State			4.	4. FEI Number 65-0638003				
BEAN, TIMOTHY J 2386 SE FLORESTA DRIVE PORT ST. LUCIE FL 34984 8. The above named entity submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tark flag requirement and elects to do so. After MAY 1, 2001 Fee will be \$55,000 After MAY 1, 2001 Fee will be \$55,000	Zip	Country Zip		Country		5.				3.75 Additional	
BEAN, TIMOTHY J 2398 SE FLORESTA DRINE PORT ST. LUCIE FL 34984 City FL Zip Code		-6. Name and Address of Current F	lealstered Agent	-			Name and Address of New Reg			and the second	ı
238 SE FLORESTA DRIVE PORT ST. LUCIE FL 34984 City FL Zip Code 8. 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 Behave, byear or printed name of legistered agent and talled a guideable Port in its composition is eligible to satisfy its Intangable Tax filling requirement and elects to do so. (See orderis on book) Signature and elects to do so. (See orderis on book) Atter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State NAME BEAN, TIMOTHY J SINET ADDRESS CITY-ST-2P PORT ST LUCIE FL 34984 TITLE PORT ST LUCIE FL 34984 TETTEMER, EDWIN K SINET ADDRESS CITY-ST-2P PORT ST LUCIE FL 34984 Delete TITLE BEAN, ILMAQUEENER C J Caque Ling G Addition NAME SINET ADDRESS CITY-ST-2P PORT SLT. LUCIE FL 34984 Delete TITLE BEAN, ILMAQUEENER C J Caque Ling G Addition NAME SINET ADDRESS CITY-ST-2P PORT SLT. LUCIE FL 34984 Delete TITLE NAME SINET ADDRESS CITY-ST-2P ORTH SLT. LUCIE FL 34984 Delete TITLE NAME SINET ADDRESS CITY-ST-2P ORTH SLT. LUCIE FL 34984 Delete TITLE NAME SINET ADDRESS CITY-ST-2P ORTH SLT. LUCIE FL 34984 Delete TITLE NAME SINET ADDRESS CITY-ST-2P ORTH SLT. LUCIE FL 34984 Delete TITLE NAME SINET ADDRESS CITY-ST-2P ORTH SLT. LUCIE FL 34984 Delete TITLE NAME SINET ADDRESS CITY-ST-2P ORTH SLT. LUCIE FL 34984 CHARGES					Name						
8. 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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State Make Street Address Make Street Addr	2398	SE FLORESTA DRIVE			Street Address (P.O. Box Number is Not Acceptable)						
8. 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	run	1 31. LUCIE FE 34904								•	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INME BEAN, TIMOTHY J STREET ADDRESS CITY-51-2P PORT ST LUCIE FL 34984 TITLE VALUE FORT PIERCE FL 34982 TITLE TITLE STREET ADDRESS CITY-51-2P FORT SITL LUCIE FL 34984 TITLE OFFICERS AND DIRECTORS IN INDEPTOR IN INTERIOR IN INDEPTOR IN INTERIOR IN INDEPTOR IN INTERIOR I					City			FL	Zip Coo	ie	ŀ
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$55.0.0 Make Check Payable to Department of State 11. OFFICIERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE PB BEAN, TIMOTHY J SUBSET ADDRESS CITY-ST-2PP BEAN, TIMOTHY J SUBSET ADDRESS CITY-ST-2PP BEAN, TIMOTHY J SUBSET ADDRESS CITY-ST-2PP TITLE NAME SIREL ADDRESS CITY-ST-2PP TITLE NAME SIREL ADDRESS CITY-ST-2PP Delete TITLE NAME SIREL ADDRESS CITY-ST-2PP TITLE NAME SIREL ADDRESS CIT	8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or re	gistered ag	gent, or both, in the State of Floric	da.			i
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$55.0.0 Make Check Payable to Department of State 11. OFFICIERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE PB BEAN, TIMOTHY J SUBSET ADDRESS CITY-ST-2PP BEAN, TIMOTHY J SUBSET ADDRESS CITY-ST-2PP BEAN, TIMOTHY J SUBSET ADDRESS CITY-ST-2PP TITLE NAME SIREL ADDRESS CITY-ST-2PP TITLE NAME SIREL ADDRESS CITY-ST-2PP Delete TITLE NAME SIREL ADDRESS CITY-ST-2PP TITLE NAME SIREL ADDRESS CIT		,	, , , , , , , , , , , , , , , , , , , ,								
S. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Cofficers AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.	SIGNATURE .										
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P BEAN, TIMOTHY J 2398 SE FLORESTA DRIVE CITY-ST-2IP PORT ST LUCIE FL 34984 TITLE TETTEMER, EDWIN K 4215 GATOR TRACE AVENUE FORT PIERCE FL 34982 CITY-ST-2IP TITLE ST ST WAME SIRET ADDRESS CITY-ST-2IP TITLE MAME SIRET ADDRESS CITY-ST-2IP TITLE MAME SIRET ADDRESS CITY-ST-2IP TITLE MAM		Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	: Registere	d Agent signature r	equired when re	einstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34984 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing r	equirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00								
BEAN, TIMOTHY J 298 SE FLORESTA DRIVE PORT ST LUCIE FL 34984 TETTEMER, EDWIN K 4215 GATOR TRACE AVENUE FORT PIERCE FL 34982 TITLE NAME STREET ADDRESS CITY-ST-ZIP BEAN, MANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.	OFFICERS AND D	IRECTORS	12.		AC	DITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34984 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	P	Delete	TITLE					Change	☐ Addition	3
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME	BEAN, TIMOTHY J		NAM	:					(3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	2398 SE FLORESTA DRIVE		STRE	ET ADDRESS					(. 3
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	PORT ST LUCIE FL 34984		CITY	ST-ZIP						إ
STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34982 TITLE NAME BEAN, ***LAGUE:INE**********CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	V	☐ Delete	TITLE				[☐ Change	Addition	è
CITY-ST-ZIP FORT PIERCE FL 34982 TITLE ST ST ST SHEET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	TETTEMER, EDWIN K		NAMI	<u> </u>						Ī
TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	4215 GATOR TRACE AVENUE			I .					1	
2398 SE FLORESTA DRIVE PORT SLT. LUCIE FL 34984 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		FORT PIERCE FL 34982			ST-ZIP						
2398 SE FLORESTA DRIVE PORT SLT. LUCIE FL 34984 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE	ST	Delege	TITLE			ليوالم والمعرب اليوليات سار	[☐ Change	Addition	-
2398 SE FLORESTA DRIVE PORT SLT. LUCIE FL 34984 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME	BEAN, JUAQUELINE C Jacq	ueing to bear	NAM	<u> </u>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		2398 SE FLORESTA DRIVE		JINE							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	PORT SLT. LUCIE FL 34984		CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	; <u> </u>			Ī	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					1					Í	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP										}	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP	CITY-ST-ZIP			CIIY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				_] Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					1					i	
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					I						
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP				4				<u>-</u> <u>-</u>			
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete		j				Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP					1					l	
					,						
		and first had the information are the desired	hio filing does not such first			in Castian	110 07/9\(i) Florido Otobido 1/	ethor ac-tir	, that the !	nformatio-	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: