FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90034 014 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000660

1. Entity Name
Atlantic Ultrasound, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
506 South Federal Hwy	790 Church St. NW
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 100
City & State Stuart FL	City & State Marietta GA
Zip 34994 Country US	Zip 30060-8902 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 050638003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Elizabeth Skowronski

Street Address (P.O. Box Number is Not Acceptable): 3551 South Orange Avenue

City: Orlando FL Zip Code: 32806

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: [signature] Elizabeth Skowronski 4/29/02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Todd Lavelle
STREET ADDRESS	790 Church St. NW Suite 100
CITY-ST-ZIP	Marietta GA 30060
TITLE	vice president
NAME	Mike Evertsen
STREET ADDRESS	790 Church St. NW Suite 100
CITY-ST-ZIP	Marietta GA 30060
TITLE	
NAME	
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CR2E034B (12/01)

13. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/02 770-514-1531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #