

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # F96000005804 (7)

1. Corporation Name

DIAGNOSTIC MEDICAL SYSTEMS INC.



Principal Place of Business

2201 NORTH UNIVERSITY DRIVE
FARGO ND 58105-5258

Mailing Address

P.O. BOX 5258
FARGO ND 58105-5258

3. Date Incorporated or Qualified

11/06/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

45-0314852

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 SOUTH PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME THOM, N B
STREET ADDRESS ROUTE 5, BOX 245
CITY-ST-ZIP FERGUS FALLS MN ☐ DELETE

TITLE VAS
NAME MOLBERT, LAURIS N
STREET ADDRESS 4484 OAK CREEK DRIVE
CITY-ST-ZIP FARGO ND ☐ DELETE

TITLE V
NAME SINNER, GERARD W
STREET ADDRESS 842-7TH STREET COURT
CITY-ST-ZIP CASSELTON ND ☒ DELETE

TITLE VT
NAME POTTER II, BENJAMIN F
STREET ADDRESS 4949-16TH AVENUE S.W., #122
CITY-ST-ZIP FARGO ND ☐ DELETE

TITLE P
NAME HOFER, MICHAEL
STREET ADDRESS RURAL ROUTE 1, ROUNDHILL DRIVE
CITY-ST-ZIP FARGO ND ☐ DELETE

TITLE SD
NAME KJELLERUP, DOUG
STREET ADDRESS 1201 CONCORD STREET NORTH
CITY-ST-ZIP FERGUS FALLS MN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME MacFarlane, John
3.3 STREET ADDRESS 911 Arlington Street South
3.4 CITY-ST-ZIP Fergus Falls, MN 56537

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: DAVIDSON, MICHAEL J. 4/29/97 701-734-9073

CR2E034 (9/96)