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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1996

2. Principal Place of Business

21 2101 N. University Dr.

Suite, Apt. #, etc.

22 City & State

23 Fargo, ND

24 Zip

58102

Country

25 Cass

2a. Mailing Address

26 2101 N. University Dr.

Suite, Apt. #, etc.

27 City & State

28 Fargo, ND

29 Zip

Country

30 Cass

4. FEI Number

45-0314852

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

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 ☐ DELETE

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

TITLE VAS ☐ DELETE

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

TITLE D ☐ DELETE

NAME MACFARLANE, JOHN  
STREET ADDRESS 911 ARLINGTON ST S  
CITY-ST-ZIP FERGUS FALLS MN

TITLE VT ☐ DELETE

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

TITLE P ☒ DELETE

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

TITLE SD ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Benjamin F. Potter, II  
1.3 STREET ADDRESS 4949 16th Ave. SW #122  
1.4 CITY-ST-ZIP Fargo, ND 58103

2.1 TITLE Treasurer ☐ Change ☒ Addition

2.2 NAME Kevin Moug  
2.3 STREET ADDRESS 715 Hackberry Dr. S.  
2.4 CITY-ST-ZIP Fargo, ND 58104

3.1 TITLE Controller ☐ Change ☒ Addition

3.2 NAME Sally L. Duval  
3.3 STREET ADDRESS 2319 S. 26 1/2 Court  
3.4 CITY-ST-ZIP Fargo, ND 58103

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 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:

*Sally L. Duval*

4/28/98

701-237-9073

CR2E034 (1097)