

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90087 040 ***150.00

DOCUMENT # F96000005804

1. Corporation Name
DIAGNOSTIC MEDICAL SYSTEMS INC.

Principal Place of Business
**2101 N UNIVERSITY DR
FARGO ND 58102
US**

Mailing Address
**2101 N UNIVERSITY DR
FARGO ND 58102
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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**

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 **P** ☐ DELETE

NAME **POTTER, II B F**
STREET ADDRESS **4949 16TH AVE SW, 1122**
CITY-ST-ZIP **FARGO ND 58103**

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 **T** ☐ DELETE

NAME **MOUG, K**
STREET ADDRESS **715 HACKBERRY DR S**
CITY-ST-ZIP **FARGO ND 58104**

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 ☐ 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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

701-231-9073

Date

Daytime Phone #

CR2E034 (11/98)

0556017