

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

FILED
Mar 03 1998 8:00am
Secretary of State

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

DOCUMENT # **G73488** (0)
1. Corporation Name
MOBILE ULTRASOUND SPECIALISTS, INCORPORATED

Principal Place of Business 370 CHAMPLAIN DRIVE P.O. BOX 4198 ENTERPRISE FL 32725-1198	Mailing Address 370 CHAMPLAIN DRIVE P.O. BOX 4198 ENTERPRISE FL 32725-1198
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 784 Foxhound Drive Suite, Apt. #, etc. 22 City & State 23 Port Orange, FL Zip Country 24 32124 25 Volusia		2a. Mailing Address 26 748 Foxhound Drive Suite, Apt. #, etc. 27 City & State 28 Port Orange, FL Zip Country 29 32124 30 Volusia		3. Date Incorporated or Qualified 12/13/1983	
		4. FEI Number 59-2338643		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JAMES C MCGREGOR 370 CHAMPLAIN DRIVE DELTONA FL 32725		10. Name and Address of New Registered Agent 81 Name James C. McGregor 82 Street Address (P.O. Box Number is Not Acceptable) 784 Foxhound Drive 83 84 City Port Orange FL 85 Zip Code 32124	
-------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 *James C. McGregor* PD *James C. McGregor* 2/25/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MCGREGOR, JAMES C	1.2 NAME	McGregor, James C.
STREET ADDRESS	370 CHAMPLAIN DRIVE	1.3 STREET ADDRESS	784 Foxhound Drive
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	Port Orange, FL. 32124-7003
TITLE	VD	2.1 TITLE	VD
NAME	DORN, JONATHAN S	2.2 NAME	Dorn, Jonathan S.
STREET ADDRESS	987 STONEWOOD LANE	2.3 STREET ADDRESS	330 Evansdale
CITY-ST-ZIP	MAITLAND, FL 00000	2.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	D	3.1 TITLE	D
NAME	NASH, ROGER W.	3.2 NAME	Nash, Roger W.
STREET ADDRESS	232 LAZY ACRES LANE	3.3 STREET ADDRESS	5055 Knotty Pine Court
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James C. McGregor* PD *James C. McGregor* 2/25/98

CR2E034 (10/97)