2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000006900 1. Entity Name WORLDWIDE ULTRASOUND, LLC FILED 01 MAY 16 PM 2:59 Principal Place of Business Mailing Address 10151 Deerwood Park Blvd. 10151 Deerwood Park Blvd. SECRETARY OF STATE Building 100, Steam 410 g Building 100, Ste. 410 TALLAHASSEE FLORIDA Jacksonville, FL 32256 Jacksonville, FL 32256 "" office 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable 59-3652295 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Steven C. Koegler Street Address (P.O. Box Number is Not Acceptable) 10151 Deerwood Park Bouleyard Building 100, Suite 410 Jacksonville purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. ☐ Addition Member TITLE ☐ Change ☐ Delete Lara Holdings, Inc. NAME NAME STREET ADDRESS 10151 Deerwood Pk Blvd. Bldg 100 Ste 4TREE) ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32256 Member Change ☐ Addition □ Delete TITLE TITLE Florent, Thierry NAME NAME 1022 Westridge Drive STREET ADDRESS STREET ADDRESS <u>Napa, CA</u> 94558 CITY-ST-7IP CITY-ST-ZIP Member ☐ Change Addition TITLE □ Delete TITLE Florent, Marti NAME + 37 NAME_ 600004416526--8 1022 Westridge Drive STREET ADDRESS STREET ADORESS ... :::::::-06/12/01~-01076--021 Napa, CA 94558 CITY-ST-ZIP CITY-ST-ZIP ****S0.00 *****50.10 Member TITLE ☐ Delete ☐ Change Wagner, Mark J. NAME STREET ADDRESS STREET ADDRESS 4064 Emerson Drive CITY-ST-ZIP CITY-ST-ZIP Livermore, CA 94550 ☐ Addition □1 Chance TITLE □ Delete TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE . ☐ Delete TITLE attend to the contract NAME NAME STREET ADDR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Steven C. Koegler 5/8/01 904-99 SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE