FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L10935** **(9)**

1. Corporation Name
ULTRASOUND ASSOCIATES OF OKALOOSA COUNTY, P.A.

Principal Place of Business
ULTRASOUND ASSOCIATES OF OKALOOSA COUNTY
907 MARWALT DRIVE
FT. WALTON BEACH FL 32547
US

Mailing Address
1013 D MARWALT DR.
FT. WALTON BEACH FL 32547
US

3. Date Incorporated or Qualified: 08/16/1989
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-2965601 — 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
STAUFFER, ROBERT A., M.D.
4400 BAYOU BLVD
SUITE 52-A
PENSACOLA FL 32503

10. Name and Address of New Registered Agent
81 Name: Thomas MORACZEWSKI, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1013 - D MARWALT DR
83
84 City: FORT WALTON BCH FL 85 Zip Code: 32547

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: Thomas Moraczewski M.D. — Date: July 1, 1996
Signature, typed or printed name of Registered Agent and title, if applicable — 607.0505 Registered Agent's signature required when resigning

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HARRIS, MICHAEL A	
STREET ADDRESS	907 MAR WALT DR STE 2011	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	D	☐ DELETE
NAME	MORACZEWSKI, THOMAS H.	
STREET ADDRESS	MORACZEWSKI, THOMAS, H. M.D.	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	300001888883	☐ Change ☐ Addition
5.2 NAME	-07/10/96--01013--024	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	5-1-96	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Thomas Moraczewski M.D. — 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)