

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**

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)

3. Date Incorporated or Qualified: **08/16/1989**
3a. Date of Last Report: **02/22/1995**
4. FEI Number: **59-2965601**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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 officer 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 MD* DATE: **July 1, 1996**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D HARRIS, MICHAEL A	<input type="checkbox"/>
NAME	HARRIS, MICHAEL A	
STREET ADDRESS	907 MAR WALT DR STE 2011	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	D MORACZEWSKI, THOMAS H.	<input type="checkbox"/>
NAME	MORACZEWSKI, THOMAS H.	
STREET ADDRESS	MORACZEWSKI, THOMAS H. M.D.	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1. TITLE		<input type="checkbox"/>
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
2. TITLE		<input type="checkbox"/>
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/>
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/>
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/>
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/>
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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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 MD* DATE: **4/29/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)