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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10935

(9)

Mailing Address

ULTRASOUND ASSOCIATES OF OKALOOSA COUNTY, P.A.

FILED Feb 07 1997 8:00am Secretary of State



ULTRASOUND ASSOCIATES OF OKALOOSA COUNTY 907 MARWALT DRIVE FT. WALTON BEACH FL 32547 US		1013 D MARWALT DR. FT. WALTON BEACH FL 32547-6783 US			3. Date Incorporated or Qualified				
9 Principal 6	Place of Business	Za. Mailing Addres	e			4. FEI Number	1 00/0		pplied For
21 21	- Rice to Domeso	26 Mailing Addres	3			59-2965601			ot Applicable
Suite, Apt	#. etc	Suite, Apt. #, et	c					····	Additional
22		27 2011				5. Certificate of Status Desired		,	equired
City & Sta	te	City & State			***************************************	Election Campaign Financing Trust Fund Contribution	May Be to Fees		
<i>Z</i> ip 24	Zip Country Zip 25 29 29				<u> </u>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered /	gent	
MO	RACZEWSKI, THOMAS M.D.			81	Name				
	13-D MARWALT DR.			62	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
FT.	WALTON BCH. FL 32547]					······································	
				83					
				84	City	······································	FL	85 Zip	Code
office or	registered agent, or both in the State of am familiar with, and accept the obligat	of Florida. Such change eons of, Section 607.05	was authorized 05, Florida Stati	d by utes	the corpora	poration submits this statement for the p ltion's board of directors. I hereby accep	DATE	ointment as	registered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D	DELE		LE	T			Change	☐ Addition
NAME	HARRIS, MICHAEL A		1.2 NA	ME	1				
STREET ADDRESS	907 MAR WALT DR STE 2011		1.3 ST	REET	ADDRESS				
CITY-\$1-2P	FT WALTON BCH FL		1.4 CI	[Y - S]	r-ZIP				
TITLE	D	☐ DELE	TE 21711	LE				☐ Change	Addition
MAME	MORACZEWSKI, THOMAS H.		2.2 NA	ME		and the second s			
STREET ADDRESS		M.D.	2351	REET	ADDRESS	, in the second			
CITY - S1 - Z >	FT WALTON BCH FL	T per	2 4 CI		Y-ZIP			<u> </u>	4.440
THE		□ DELE						Change	Addition
NAME			3.2 NA		1000000				
STREET ADDRESS					ADORESS				
CHY ST-ZIP THE		DELE	3.4 CI TE 4.1 Til		1-ZIF			☐ Change	Addition
NAME		<u></u>	4. 2 N		ĺ				
STREET ADDRESS					ADDRESS				
DITY-ST ZIP			4.4 Cf		i				
TITLE		DELE					····	Change	Addition
N 4Mi			5.2 NA	ME	j				
STREET ADORESS			5.3 ST	REET	ADDRESS				
C(LY+ST-Z)P			5.4 CI	[Y - S	r - Z IP				
TITLE		DELE	TE 6.1 TIT	LE				Change	Addition
NAME			62 NA	ME					
STREET ADDRESS			6.3 ST	REET	address				
DITY -ST - Z-P			6400	IY-S	r-ZIP				

14. I do 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 repeiver 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 in attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

1/30/97 (904) 862-81