

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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. 2011 FT. WALTON BEACH FL 32547 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/16/1989

2. Principal Place of Business 21 215 MOUNTAIN DR. Suite, Apt. #, etc. 22 SUITE 108 City & State 23 DESTIN, FL Zip 24 32541 Country 25 USA	2a. Mailing Address 26 215 MOUNTAIN DR. Suite, Apt. #, etc. 27 SUITE 108 City & State 28 DESTIN Zip 29 32541 Country 30 USA
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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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MORACZEWSKI, THOMAS M.D.
1013-D MARWALT DR.
FT. WALTON BCH. FL 32547

10. Name and Address of New Registered Agent

81 Name **MORACZEWSKI, THOMAS M.D.**

82 Street Address (P.O. Box Number is Not Acceptable)
120 BARKS DR.

83

84 City **FT. WALTON BEACH 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 _____ (NOTE: Registered Agent signature required when relisting) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS H. MORACZEWSKI
2.3 STREET ADDRESS	120 BARKS DR.
2.4 CITY-ST-ZIP	FT. WALTON BEACH, FL. 32547
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, 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 Mortham* 7/14/98 (850) 837-8244

CR2E034 (5/98)