

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 5:42

DOCUMENT # **L74885** (9)  
1. Corporation Name  
**GULFCOAST ULTRASOUND TECHNICAL SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4615 GULF BLVD.** **4615 GULF BLVD.**  
**SUITE 205** **SUITE 205**  
**ST. PETERSBURG BEACH FL 33706** **ST. PETERSBURG BEACH FL 33706**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**05/21/1990** **03/23/1994**  
4. FEI Number Applied For  
**59-3017739** 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

**GREEN, GILBERT D.**  
**4615 GULF BLVD.**  
**SUITE 205**  
**ST. PETERSBURG BEACH FL 33706**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

Signature typed or printed name of registered agent and the incorporator

(If not, Registered Agent Signature required when registering)

DATE

## 12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | DP                   |
| NAME           | GREEN, LORI G.       |
| STREET ADDRESS | 8188 CAUSEWAY BLVD S |
| CITY, ST, ZIP  | ST. PETERSBURG FL    |
| TITLE          | DV                   |
| NAME           | SENS, LORETTA S.     |
| STREET ADDRESS | 7744 BRISTOL CT.     |
| CITY, ST, ZIP  | ST. PETERSBURG FL    |
| TITLE          | DST                  |
| NAME           | GREEN, GILBERT D.    |
| STREET ADDRESS | 8188 CAUSEWAY BLVD S |
| CITY, ST, ZIP  | ST. PETERSBURG FL    |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY, ST, ZIP  |                                                                              |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS | 7843 CAUSEWAY BLVD N                                                         |
| 24 CITY, ST, ZIP  | 33707                                                                        |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS |                                                                              |
| 34 CITY, ST, ZIP  |                                                                              |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY, ST, ZIP  |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY, ST, ZIP  |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 CITY, ST, ZIP  |                                                                              |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.07(9)(a), 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 as an attachment with an address.

SIGNATURE:

*Gilbert D. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GILBERT D. GREEN

4/4/95  
DATE

813-345-8374  
TOL, before the day 8