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

PROFIT CORPORATION: ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 181427

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SOUTH	FLORIDA ULTRASOUND,	` '							,
Principal Place of Business		Mailing Address				H FIETH BIBLI OI	ANI OPOR BIANI		
4801 S. UNIVE STE. 301-W		4801 S. LINIVERSITY DR STE. 301-W DAVIE FL 33328-3839			:				
DAVIE FL 3333	20	DAVIE PL 33320-3638			3. Date incorporated or Qualified 06/18/1990	1	e of Last Re 6/1996	eport	
2. Principat Place of Business		2a. Mailing Address			4. FEI Number			plied For	
21		26			65-0204258	\		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	A	\$8.75 A		
City & Stat	0	City & State		· · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	1	\$5.00		1
23		28			Trust Fund Contribution		Added t		
Zip Country		Zip 29	30 Cou	ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24]	[25] 9. Name and Address of Curre		30		10. Name and Address of New Ro				l
· WA	ISON, TODD E.			81 Name					
2620 CAYENNE AVENUE			}	82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)			ĺ
્ co	OPER CITY FL 33026)						
-				83	•				
				84 City		EI.	85 Zip (Code	
11. Pursuant office or r agent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607.1508, Florida Ste te of Florida. Such change wa gations of, Section 607.0505,	atutes, the at as authorized Florida Stat	pove-named co d by the corpor utes.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of optithe appo	changing its intment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered a	and the if annicates /	NOTE Registerer	1 Ament signan ve zec	suited when reinstating)	DATE	·		
12.		NO DIRECTORS	13.	Agent agriculture	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	g
TITLE	PSD	DELETE	1,1 Til	ILE			Change	Addition	90/6/
NAME	WATSON, TODD E		1.2 NA	IME					F034
STREET ADDRESS	2620 CAYENNE AVENUE		1.3 ST	REET ADDRESS					ĬĔ
CHTY+S1+ZIP	COOPER CITY FL 33026	DELETE		TY-ST-ZIP	<u> </u>		Change	Addition	E
TITLE NAME		DECER	2.1 Til 2.2 NA	į.			change	ET Maniford	
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				ITY-ST-ZIP					
TITLE		☐ DELETE	3.1 717				Change	Addition	
NAME			3.2 NA	ME	•				
STREET ADDRESS			33\$T	REET ADORESS					
CITY-ST-7IP				ITY-ST-ZIP			· ·		
TITLE		☐ DELETE	4.1 TI	1		i	Change	Addition	
NAME			4 2 N						
STREET ADDRESS				REET ADDRESS			1		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 Cf	TY-ST-ZIP			Charige	Addition	
NAME.		hamed Note to 1 to	5.2 N				7//	スル	\downarrow
STREET ADDRESS			1	REET ADDRESS		\leq	ろく	/\/\\	J
CITY-ST-ZIP				TY-ST-ZIP		H	14	0//	7
TITLE		☐ DELETE	6.1 Ti			111	Change	Addition	1

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 of 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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #

70000218**2/1**9 -05/19/97--01004--033

***165.00

FILED

May 08 1997 8:00am

Secretary of State