

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 MAY -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96922 (4)

1. Corporation Name:

G & G ULTRASOUND SERVICES, INC.

Principal Place of Business:

**1455 WILKINSON DRIVE
PLANT CITY FL 33567**

Mailing Address:

**1455 WILKINSON DRIVE
PLANT CITY FL 33567**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/30/1990

3a. Date of Last Report
02/25/1994

2. Principal Place of Business:

21

2a. Mailing Address:

26

4. FEI Number
59-3026816

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State:

City & State:

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

22

27

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes. ☐ Yes ☒ No

23

28

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOULD, MELISSA F.
1455 WILKINSON DRIVE
PLANT CITY FL 33567**

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 607.02(2) and 607.15(6), 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 607.02(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer and Director)

(Signature of Registered Agent or Officer and Director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
STREET ADDRESS
CITY, ST, ZIP

NAME
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CITY, ST, ZIP

**DPS
GOULD, MELISSA F.
1455 WILKINSON DR
PLANT CITY FL**

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

☐ Change ☐ Addition

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), Florida Statutes. I further certify that the information included 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 this corporation or the registered agent or officer authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 2 and 3, or on an officer or director with an address.

SIGNATURE: *Melissa F. Gould* **Melissa F. Gould** 4 24 95 (813) 154 4137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR