

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # L96922**

1. Entity Name

G & G ULTRASOUND SERVICES, INC.



**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

1455 WILKINSON DRIVE  
PLANT CITY, FL 33566

Mailing Address

1455 WILKINSON DRIVE  
PLANT CITY, FL 33566



07292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3026816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Melissa F. Gould*  
Signature, typed or printed name of registered agent and title if applicable.

*Melissa F. Gould*  
(NOTE: Registered Agent signature required when retreating)

DATE

7-28-05

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
GOULD, MELISSA F.  
1455 WILKINSON DR  
PLANT CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Melissa F. Gould*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Melissa F. Gould*

Date

7-28-05

Daytime Phone #

(813) 716-0280  
(813) 707-0806