

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M30813

1. Corporation Name

WOMEN'S DIAGNOSTIC ULTRASOUND SERVICES, P.A.

Principal Place of Business

C/O ALEX A BEZJIAN
15450 NEW BARN RD #306
MIAMI LAKES FL 33014

Mailing Address

C/O ALEX A BEZJIAN
15450 NEW BARN RD #306
MIAMI LAKES FL 33014

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

BEZJIAN, DR. ALEX
15450 NEW BARN RD. #306
MIAMI LAKES FL 33014

81 Name

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

83

84 City

FL

85

Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/21/1986

4. FEI Number

59-2651181

5. Certificate of Status Desired

Applied For
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution

\$8.75 Additional
Fee Required

8. This corporation owes the current year Intangible
Personal Property Tax.

\$5.00 May Be
Added to Fees

Yes No

10. Name and Address of New Registered Agent

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.

DATE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

DELETE

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
BEZJIAN, ALEX
15450 NEW BARN RD #306
MIAMI LAKES FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Add

Change

Add

Change

Add

Change

Add

Change

Add

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 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 on an attachment with an address, with all other like empowered.

Signature: ALEX BEZJIAN
Date: 1/15/99
Daytime Phone: (305) 254-1234