

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000046703**

1. Entity Name

**ADVANCED SONOGRAPHIC IMAGING, INC.****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90117 006 \*\*\*150.00

Principal Place of Business

**5634 SHADDALEE LANE  
FORT MYERS FL 33919**

Mailing Address

**5634 SHADDALEE LANE  
FORT MYERS FL 33919**

2. Principal Place of Business

**9981 HealthPark Circle  
Suite, Apt. #, etc.  
#159**

3. Mailing Address

**9981 HealthPark Circle  
Suite, Apt. #, etc.  
#159**

City &amp; State

**Ft Myers FL**

City &amp; State

**Ft Myers FL**

Zip

**33908**

Country

**Lee**

Zip

**33908**

Country

**Lee**

4. FEI Number

**65 1006015**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GARGANO, ANTHONY J  
2075 WEST FIRST STREET, #203  
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Charles M. McCurdy  
9981 HealthPark Circle #159  
Ft Myers, FL 33908**TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Margaret Simmons  
6691 Westwood Acres Rd  
Ft Myers, FL 33905**TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Hilda Lopez  
3196 River Grove Circle  
Ft Myers, FL 33905**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/18/01****941 481-5477**

CR2E034 (10/00)