

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044952

FILED
Mar 21, 2005
Secretary of State

Entity Name: GOLDCOAST ULTRASOUND INSTITUTE INC.

Current Principal Place of Business:

7420 NW 5TH STREET, SUITE 111
PLANTATION, FL 33317

New Principal Place of Business:

210 SW 159TH TERRACE
SUNRISE, FL 33326

Current Mailing Address:

PO BOX 266347
WESTON, FL 33326

New Mailing Address:

210 SW 159TH TERRACE
SUNRISE, FL 33326

FEI Number: 65-1140603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLADARES, RAUL
210 SW 159TH TERR
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, MAYLI
Address: PO BOX 266347
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: VALLADARES, RAUL
Address: 210 SW 159TH TERR.
City-St-Zip: SUNRISE, FL 33326

Title: S () Delete
Name: VALLADARES, RAUL
Address: PO BOX 366347
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERNANDEZ, MAYLI
Address: 210 SW 159TH TERRACE
City-St-Zip: SUNRISE, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: VALLADARES, RAUL
Address: 210 SW 159 TERR.
City-St-Zip: SUNRISE, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYLI HERNANDEZ

P

03/21/2005

Electronic Signature of Signing Officer or Director

Date