

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000021828

1. Entity Name
SOFT TOUCH ULTRASOUND, INC.



Principal Place of Business
1122 BELAIRE DRIVE
DAYTONA BEACH, FL 32118

Mailing Address
1122 BELAIRE DRIVE
DAYTONA BEACH, FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3635582

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, AIMEE
1122 BELAIRE DRIVE
DAYTONA BEACH, FL 32118

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ D ☐ Delete
NAME BROWN, AIMEE
STREET ADDRESS 1122 BELAIRE DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☒ P ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V, T, S
STREET ADDRESS KIMBERLY A. TIMMONS
CITY-ST-ZIP 10 REFLECTIONS VILLAGE DR.
ORMOND BEACH, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

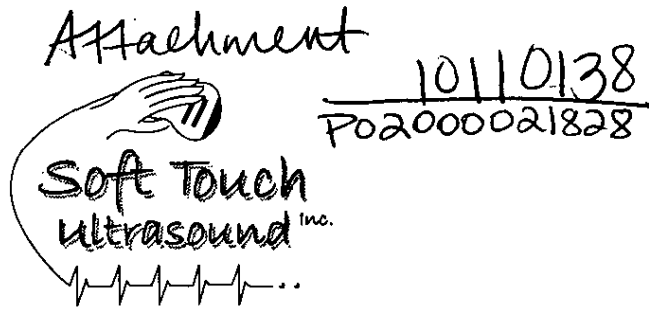
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY A. TIMMONS

11 July 03 386 453 3696
Daytime Phone #

CR2E034 (10/02)



"Your Stroke Prevention Screening Specialist"

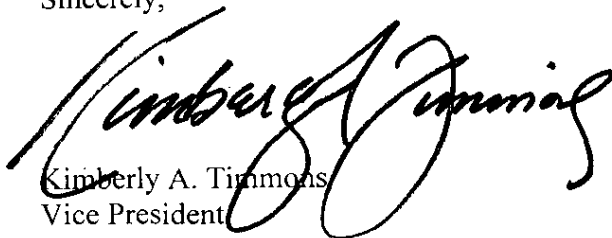
Dears Sirs,

I am writing to let you know that my company, Soft Touch Ultrasound, Inc. did not receive the initial 2003 Uniform Business Report filing form.

I went to the sunbiz.org website to obtain instructions on how to file in such a case.

I have enclosed a check for the amount of the filing along with the completed form. I apologize for the delay in payment.

Sincerely,



Kimberly A. Timmons
Vice President