2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000050968



FILED Jan 24, 2003 8:00 am Secretary of State 01-08-2003 90164 032 ***150.00

1. Entity Name SPACE COAST SONOGRAPHY INC.			
Principal Place of Business 2183 THAMES RD SE PALM BAY FL 32909	Mailing Address 2183 THAMES RD SE PALM BAY FL 32909		E I BERLUNDER HER BEHLER LIDELT DOCHT ADLIER BALLER BOLLER BEHLER DELLEN BEFLER BEFLER FREID FREID LAGEL
2. Principal Place of Business 2183 Thamukd SE Suite, Apt. #, etc.	3. Mailing Address 3. 183 Thames Suite, Apt. #, etc.	s Rd SE	☐ CHECK HERE IF MAKING CHANGES
City & State Palm Bay FL Zip V Country	City & State Palm Bay [-L 32909 Country 1164	4. FEI Number Applied For Not
52909 USA	32909	HOTOLOGICAL .	5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
6. Name and Address of Culrent Registered Agent TALLMAN, TERRI L 2183 THAMES RD SE		Name Street Address (P.O. Box Number is Not Acceptable)
PALM BAY FL 32909		City	FL Zip Code
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent an	Tallona	istered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 take Check Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND D TITLE NIMAE STREET ADDRESS CITY-ST-ZIP OFFICERS AND D PRESIDENT TERRI L TALLMAN 3 1 P3 THAMES RASE PALM BAY, FL33H	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME Street Address	☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		TITLE NAME STREET ADDRESS	Change Addition
TITLE NAME STREET ADDRESS	☐ Celeta	TITLE NAME STREET ADDRESS CITY-SI-ZIP	. Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is tr	Delete Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition