1 of 2

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-16-2005 90032 040 ***150.00
P03000020030

05 AUG -8 PM 12: 11

DOCUMENT # P03000020030

1. Entity Name
MEDICAL SONO SERVICES, INC.

Principal Place of Business	Mailing Address
3947 PEACEPIPE DRIVE ORLANDO, FL 32829	3947 PEACEPIPE DRIVE ORLANDO, FL 32829

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03142005 Chg-P CR2E034 (10/03) 05

4. FEI Number: 01-0768278 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GIRALDO, DUVER
3947 PEACEPIPE DRIVE
ORLANDO, FL 32829

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

SIGNATURE: ✓ Giraldo ✓ 3.14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GIRALDO, DUVER	NAME	
STREET ADDRESS	3947 PEACEPIPE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32829	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Giraldo (DUVER GIRALDO) - President - 8-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-2490885
407-4962289

B. Mitchell AUG 11 2005

MEDICAL SONO SERVICES INC. 04-03
407-249-0885
3947 PEACE PIPE DR.
ORLANDO, FL 32829-8416

40033361 1148

Date 3.14.05 63-4/630 FL 1116

Pay to the order of FLORIDA Department of STATE $ 150.00

one hundred fifty and 00/100 Dollars

Bank of America.

ACH R/T 063100277

For Renew.

OF

⑆063000047⑆ 003447252887⑈ 1148 ⑈000015000⑈

OPTION 3 - ***Receive a form by mail*** - *Allow up to 28 days total processing time.*

- *Detach this postcard.*
- *Enter address to mail report to, if different from preprinted address.*
- *Affix postage on reverse side and mail.*

Document # P03000020030

MEDICAL SONO SERVICES, INC.
3947 PEACEPIPE DRIVE
ORLANDO FL 32829-8416

I'm Sending Copy of the check #1148 (3-14-05)
Thanks OF

MAR 22 05

BANK OF AMERICA,NA JAX
P01 E C 0663MR2/05

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 100906786

2112 MAR 16 2005