2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000052399

1. Entity Name
SANTA ROSA ULTRASOUND SERVICE INC

Principal Place of Business	Mailing Address
6447 MISTY LAKE DR MILTON, FL 32570	6447 MISTY LAKE DR MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E084 (11/05)

4. FEI Number
02-0560403

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POST, CAROL
6447 MISTY LAKE DR
MILTON FL 32570

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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: Carol A Post Carol A. Post 3/29/07
Signature, typed or printed name of registered agent and title if applicable. (MUST: Registered Agent's signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POST, LARRY F
STREET ADDRESS	6447 MISTY LAKE DR
CITY-ST-ZIP	MILTON FL 32570
TITLE	ST
NAME	POST, CAROL A
STREET ADDRESS	6447 MISTY LAKE DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/07-80025-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, 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: Carol A Post Carol A. Post 3/29/07 850-981-8285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #