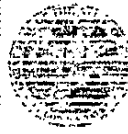


2007 FOR PROFIT CORPORATION "ANNUAL REPORT"

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

DOCUMENT # P03000052399

1. Entity Name
SANTA ROSA ULTRASOUND SERVICE INC



Principal Place of Business

6447 MISTY LAKE DR
MILTON, FL 32570

Mailing Address

6447 MISTY LAKE DR
MILTON, FL 32570



03202007 No (Sg-P) CR25034 (11/05)

4. Filing Number
02-0000400

Expedited Fee
When Applicable

5. Certificate of Status Due Date ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POST, CAROL
6447 MISTY LAKE DR
MILTON, FL 32570

DO NOT WRITE
IN THIS SPACE

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 further with, and accept the obligation 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) (NOTE: Registered Agent signature required when re-registering) 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

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

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04/09/07-80025-004 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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 alternate page with an address, with an officer who is empowered.

SIGNATURE: Carol A. Post Carol A. Post 3/29/07 850-881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declaration Period \$ 8285