

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000098188

FILED
Oct 06, 2006
Secretary of State

Entity Name: CLINICAL SONOGRAM ASSOCIATE, INC.

Current Principal Place of Business:

3018 SW 24 ST.
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

3018 SW 24 ST.
MIAMI, FL 33145

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDE, RAUDEL
3018 SW 24 ST.
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RAUDEL CONDE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CONDE, RAUDEL
Address: 3018 SW 24 ST.
City-St-Zip: MIAMI, FL 33145

Title: DV () Delete
Name: LANZADA, LICINIO
Address: 3018 SW 24 ST.
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUDEL CONDE

Electronic Signature of Signing Officer or Director

DP

10/06/2006

Date