

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000017908

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** PREFERRED SONOGRAPHY SPECIALISTS INC.

**Current Principal Place of Business:**

7243 PINE MANOR DRIVE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

7243 PINE MANOR DRIVE  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 27-1958512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SYLVESTRI, GREGORY J  
417 RAINBOW SPRINGS TERRACE  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

SYLVESTRI, GREGORY J  
7243 PINE MANOR DR  
LAKEWORTH, FL 33467 US

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:**

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SYLVESTRI, GREGORY J  
**Address:** 7243 PINE MANOR DR  
**City-St-Zip:** LAKEWORTH, FL 33467

**Title:** DIR  
**Name:** SYLVESTRI, GREGORY J  
**Address:** 7243 PINE MANOR DR  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** VP  
**Name:** AUSTIN, LEONARD  
**Address:** 7243 PINE MANOR DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** DIR  
**Name:** AUSTIN, LEONARD  
**Address:** 7243 PINE MANOR DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

**SIGNATURE:** LEONARD AUSTIN

VP

04/30/2011

Electronic Signature of Signing Officer or Director

Date