2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90216 007 ***150.00

DOCUMENT # P23918

1. Entity Name
TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
2441 MICHELLE DRIVE P.O. BOX 2068 TUSTIN, CA 92780 US	2441 MICHELLE DRIVE P.O. BOX 2068 TUSTIN, CA 92780 US

04262004 Chg-P CR2E034 (10/03)

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

4. FEI Number 68-0178440 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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 _____
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, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATSURADA, MASAMICH 1385 SHIMOISHIGAMI OTAWARA TOCHIGI PREFECTURE, 324-850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nolan, Cary J. 2441 Michelle Dr. Tustin, CA 92780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ABBOTT, KEVIN B 2441 MICHELLE DR TUSTIN, CA 92780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ito, Hideo 1251 Avenue of the Americas 41st Floor New York, NY 10026	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCAS FRIEDBERG, FREDRIC J 2441 MICHELLE DR. TUSTIN, CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHUNICHI, YAMASHITA 1251 AVE OF THE AMERICAS 41ST FL NEW YORK, NY 10020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IGARASHI, HIROMITSU 2441 MICHELLE DR TUSTIN, CA 92780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPM LODGEK, EDWIN 2441 MICHELLE DR. TUSTIN, CA 92780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Mia B. Abbott 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #