SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 L-1495 B- 7297 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 11 PM 2:36

DOCUMENT # P94000053732 (1)

1. Corporation Name

ULTRASOUND MEDICAL & DENTAL INSTITUTE, INC.

Principal Place of Business	Mailing Address
6630 N.W. 22ND STREET MARGATE FL 33063	6630 N.W. 22ND STREET MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 200 HYPOLUXO RD.	26 200 HYPOLUXO RD.
Suite, Apt. #, etc. 22 SUITE 100-B	Suite, Apt. #, etc. 27 SUITE 100-B
City & State 23 HYPOLUXO, FL	City & State 28 HYPOLUXO, FL.
Zip / Country 24 33462 / 25 PALM BEACH	Zip / Country 29 33462 / 30 PALM BEACH

4. FEI Number: 65-0512079 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FERRI, ANTHONY D JR
111 BRINY AVE.
PH-11
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

61 Name: ANTHONY D. FERRI, SR.
62 Street Address (P.O. Box Number is Not Acceptable): 200 HYPOLUXO RD.
63: SUITE - 100 - B
64 City: HYPOLUXO FL 65 Zip Code: 33462

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Anthony D. Ferri, Sr. President — ANTHONY D. FERRI, SR — 6-5-95
Signature of officer or director of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	FERRI, ANTHONY D JR	12 NAME		
STREET ADDRESS	111 BRINY AVE. PH-11	13 STREET ADDRESS	DELETE.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	V/ST	☒ Change ☐ Addition
NAME	FERRI, BARBARA L	22 NAME	SAME	
STREET ADDRESS	111 BRINY AVE. PH-11	23 STREET ADDRESS	6630 N.W. 22 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	24 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	STD	31 TITLE	P	☒ Change ☐ Addition
NAME	FERRI, ANTHONY D SR	32 NAME	SAME	
STREET ADDRESS	111 BRINY AVE. PH-11	33 STREET ADDRESS	6630 N.W. 22 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	34 CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony D. Ferri, Sr., President — 6-5-95 — 407-585-4635
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTHONY D. FERRI, SR., PRES.

0026764 CP