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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400053732

1. Corporation Name

ULTRAS	ound medical & Dent	AL INSTITUTE, INC.							
Principal Place	e of Business	Mailing Address				T I I MATERIAL THE HOLLY BEING OBSILE	49111 99411 9314		[
200 HYPOLUXO) RD	200 HYPOLUXO RD							
SUITE 100-B SUITE 100-B					DO NOT W	RITE IN THI	S SPACE		
HYPOLUXO FL 33462 HYPOLUXO FL 33462 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
03		00				07/20/1994	•		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		An	plied For
21	labe of Basiness	26				65-0512079	•		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	-				1 -/	\$8.75	
22	.,	27				5. Certifcate of Status Desired	X	Fee Re	
City & State	le	City & State				6. Election Campaign Financing	, ,	\$5.00	Mav Be
23		28				Trust Fund Contribution	,	Added t	•
Zip	Country	Zip	Count	try		8. This corporation owes the cu	rrent year li	ntangible	
24	25	29	30			Personal Property Tax.		Yes	No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New	Registered	d Agent	
FEO	O4 44771ONV D OD		8	31 Nar	me				
	RI, ANTHONY D SR		8	32 Stre	eet Addre	ss (P.O. Box Number is Not Accep	table)		
	HYPOLUXO RD								
	TE 100-B		8	33					
HYP	OLUXO FL 33462		8	34 City	,		FI	85 Zip C	Code
44 Dumunt	to the acquisions of Sections 607 (0502 and 607 1508. Florida Statut	es the abo	we-nam	ed corpo	pration submits this statement for the		f changing its	registered
agent. I a	m familiar with, and accept the obl	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized b prida Statute	by the coes.	orporation	n's board of directors. I hereby acc		ointment as rec	gisterea
agent. I a	im familiar with, and accept the obling familiar with, and accept the obling familiar with familiar with familiar with familiar with familiar with, and accept the obling familiar with, and accept the obline familiar with, and accept the obling familiar with, and accept the obling familiar with a second familiar with a	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	euthorized borida Statuto	by the coes.	orporation	n's board of directors. I hereby acc	DATE	44,774	
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CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

561-585-4625