

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90050 041 ***158.75

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1. Entity Name

ULTRASOUND MEDICAL & DENTAL INSTITUTE, INC.



Principal Place of Business

200 HYPOLUXO RD
SUITE 100-B
HYPOLUXO FL 33462
US

Mailing Address

200 HYPOLUXO RD
SUITE 100-B
HYPOLUXO FL 33462
US



2. Principal Place of Business

1177 Hypoluxo Rd, Suite 201
Suite, Apt. #, etc. 201

3. Mailing Address

←
Suite, Apt. #, etc. ←

City & State

←

City & State

Fort Lauderdale, FL

Zip

Same

Country

Same

Zip

Same

Country

Same

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0512079

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRI, ANTHONY D SR
200 HYPOLUXO RD
SUITE 100-B
HYPOLUXO FL 33462

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

1177 Hypoluxo Rd, Suite 201

City

Fort Lauderdale

FL

Zip Code

33462

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, typewritten 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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VST ☐ Delete
NAME FERRI, BARBARA L
STREET ADDRESS 6630 NW 22ST
CITY-ST-ZIP MARGATE FL

TITLE P ☐ Delete
NAME FERRI, ANTHONY D SR
STREET ADDRESS 6630 NW 22ST
CITY-ST-ZIP MARGATE FL

TITLE M ☐ Delete
NAME FERRI, ANTHONY D JR
STREET ADDRESS 6530 MARBLE TURN LANE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Anthony D Ferreri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-06

561-585-4615