

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000057208 (8)

1. Corporation Name  
VASCUSOUND, INC.

Principal Place of Business

Mailing Address

11973 CORTEZ BLVD.  
BROOKSVILLE FL 34013  
US

PO BOX 340394  
TAMPA FL 33624  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

4. FEI Number

59-3258704

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 11475 Cortez Blvd.

Suite, Apt. #, etc.

22 City & State

23 Brooksville, FL

Zip

24 34613

Country

25 USA

2a. Mailing Address

26 11475 Cortez Blvd.

Suite, Apt. #, etc.

27 City & State

28 Brooksville, FL

Zip

29 34613

Country

30 USA

9. Name and Address of Current Registered Agent

COHN, ROY W  
3321 HENDERSON BLVD.  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WHITE, SCOTT A  
STREET ADDRESS 16558 NORTHDAL OAKS DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE

NAME WHITE, MARIA T  
STREET ADDRESS 16558 NORTHDAL OAKS DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME White, Scott A  
1.3 STREET ADDRESS 6148 Krista Dr  
1.4 CITY-ST-ZIP Spring Hill FL 34609

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME White, Maria T.  
2.3 STREET ADDRESS 6148 Krista Dr  
2.4 CITY-ST-ZIP Spring Hill, FL 34609

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE

*Scott A. White*

*Scott A. White*

12-98 (75) 591-9100

CR2E034 (10/97)