


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000057208	
1. Entity Name VASCUSOUND, INC.	

Principal Place of Business 11543 CORTEZ BLVD. BROOKSVILLE, FL 34613 US	Mailing Address 11543 CORTEZ BLVD. BROOKSVILLE, FL 34613 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
COHN, ROY W 3321 HENDERSON BLVD. TAMPA, FL 33609	

	
02242004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3258704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, SCOTT A 6148 KRISTA DR SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, MARIA T 6148 KRISTA DR SPRING HILL, FL 34609
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03/03/04-80057-008 150.00

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: Maria T. White Maria T. White 3/3/2004 (352) 596-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Corporate Secretary