

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
STATE OF FLORIDA

1995



DEPARTMENT OF STATE
JENNIFER WATSON
TALLAHASSEE, FLORIDA 32301-0001
(904) 487-0001

APPROVED
AND
FILED

1995 APR 26

DOCUMENT # P94000072004 (2)

JIS DIAGNOSTIC ULTRASOUND, INC.

9220 NORTHWEST 9 PLACE
PLANTATION FL 33324

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PLANTATION FL 33324

FILED IN 1995 APR 26
104-23491-11111-1113
444,100.00 444,200.00
FILED IN 1995 APR 26

3. Date of Report: 09/30/1994		3a. Date of Report: 09/30/1994	
4. Filing Number: 65-523712		4b. Filing Number: 65-523712	
5. Certificate of Status: []		5a. Certificate of Status: []	
6. Election Campaign Financing: []		6a. Election Campaign Financing: []	
7. Trust Fund Contribution: []		7a. Trust Fund Contribution: []	
8. If a report of the transaction is required, has the transaction been reported to the Florida Statutes? [X] Yes [] No		8a. If a report of the transaction is required, has the transaction been reported to the Florida Statutes? [X] Yes [] No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		JEFF SCHWARTZ 9220 NW 9 PL PLANTATION FL 33324	

11. I, the undersigned, certify that the information provided in this report is true and correct. I am a resident of the State of Florida and I am a member of the Florida Bar. I am a resident of the State of Florida and I am a member of the Florida Bar. I am a resident of the State of Florida and I am a member of the Florida Bar.

12. OFFICIAL AND VERIFICATION		13. ADDITIONAL CHANGES TO OFFICIAL AND DIRECTOR, 1995	
P SCHWARTZ, JEFFREY I 9220 NORTHWEST 9 PLACE PLANTATION FL 33324		[] Change [] Add	

14. I, the undersigned, certify that the information provided in this report is true and correct. I am a resident of the State of Florida and I am a member of the Florida Bar. I am a resident of the State of Florida and I am a member of the Florida Bar. I am a resident of the State of Florida and I am a member of the Florida Bar.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR