FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076704 (3)**

1. Corporation Name
UROLOGICAL ULTRASOUND SERVICES OF TAMPA BAY, INC

Principal Place of Business	Mailing Address
3227 BENNETT STREET NORTH ST. PETERSBURG FL 33713	3227 BENNETT STREET NORTH ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3274058 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVE.
2300 SUN BANK CENTER
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: DOROTHY L. MICHON
82 Street Address (P.O. Box Number is Not Acceptable): MED GROUP
83: 3227 BENNET STREET NORTH
84 City: ST. PETERSBURG FL 85 Zip Code: 33713

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: Dorothy L. Michon DOROTHY L. MICHON - PRESIDENT 3/31/95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P ☒ Change ☐ Addition
NAME	MICHON, DOROTHY L	1.2 NAME	MICHON, DOROTHY L
STREET ADDRESS	3227 BENNETT STREET NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	1.4 CITY-ST-ZIP	SAME
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TOH, HENRY	2.2 NAME	
STREET ADDRESS	3227 BENNETT STREET NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TAGHAVI, BIJAN	3.2 NAME	
STREET ADDRESS	3227 BENNETT STREET NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	ST ☐ Change ☒ Addition
NAME		4.2 NAME	TIMOTHY R. BARNES
STREET ADDRESS		4.3 STREET ADDRESS	3227 BENNET ST. NORTH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dorothy L. Michon DOROTHY L. MICHON - PRESIDENT 3/31/95 (815) 521-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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