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

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

P95000018244 (0)

ULTRASOUND RENTALS, INC.

FILED Apr 29 1996 8:00 am Secretary of State

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Principal Place of Business Mating Address					- 18411991 (CD 18781 BILL) BEILE B	819: 88111 2615 : 11961 1 1	itin ilinis dibit offic indi	
3810-4 WILLIAMSBURG PARK BLVD. 3810-4 WILL JACKSONVILLE FL 32257 JACKSONVIL			RG PARK BLVD 32257					
					l	e Incorporated or Qualified	3a. Date of L	ast Report
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI	Number 9-3311185		Applied For Not Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc. Orty & State		5 . Cer	Certificate of Status Desired Election Campaign Financing Trust Fund Contribution		8.75 Additional Fee Required
City & State 28		28			l l			\$5.00 May Be Added to Fees
Zip 24 .	Country 25	Ζη) 29	Country 30		Fior		s 🗌 No	
	g. Name and Address of Current R	egistered Agent	81	Nome	10 Na	me and Address of New	Registered Agen	ı t
DAMEN	DODERT :		[81	Name				
	, robert j Williamsburg park blvd.		82	Street #	Address (P.O. B	lox Number is Not Accepta	ıble)	
	ONVILLE FL 32257		83					<u></u>
			84	City			— 4 85	Zip Code
l or registere	o the provisions of Sections 607,0502 an ed agent, or both, in the State of Florida.	S ich change was authori	izad tortop core	Lamed co	rporation subm	its this statement for the po	FL urpose of changing	ts registered office
CICNIATHIO	n, and accept the onligations of, Section	bU7.0505, Florida Statute	. 55 57 6 15 501) S.	sacronal fail	coard or directo	ло, тнегору ассерт тие ар	pomenent as regis	тегео адепт. тапт
SIGNATURE	Standard typed or proted have of repulsive agent and		Off Hojelood Ages	t signature re	oposed where recessari	ng-	CIATE	
12.	OFFICERS AND D		13.			DITIONS/CHANGES TO OF		·
TITLE NAME	D DAMEN DOBERT I	☐ DELETE	1 1 11715		bV		†⊠ . Cha	ange 🔲 Addition
STREET ADDRESS	RAMEY, ROBERT J 3810-4 WILLIAMSBURG PARK I	ol van	1.2 NAME	Morriso				
CITY-ST-ZIP	JACKSONVILLE FL 32257	SEAD.	1.4 C/TY - S	ADDRESS				
TITLE	D	DELETE	2 1 THE		DP.		D SChi	ange Addition
NAME	ROBINSON, PAUL		2.2 NAMa		0.		رحم	ing. [] Notiton
STREET ADDRESS	3810-4 WILLIAMSBURG PARK I	BLVD.	2.3 STHEE	ADDRESS				
CHTY -ST - ZIP	JACKSONVILLE FL 32257		2.4 CHY-9	ŀ				
T-TLF	D	DELETE	3 1 TIFLS				☐ Cha	ange Addition
NAME	NORAN, WILLIAM H		3.2 NAME					
STREET ADDRESS	3810-4 WILLIAMSBURG PARK I	BLVD.	3.3 STREE	LADURESS				
CITY+ST+ZIF	JACKSONVILLE FL 32257	P oc.es	3 4 CHy - 9	1 - ZIF				
TIFLE		DELETE	4 1 THILE				Cha	ange 🔲 Addition
NAME OTREST ADDRESS			4.2 NAME					
STREET ADDRESS CITY - ST - ZIP			4.3 STREET	- 1				
TITLE		DELETE	4.4 CITY - 5 5.1 TIT, E	1 · ZIF		· 10-1	T (6	anga 🔲 Addition
NAME			5.2 NAME				☐ Cha	ange
STREET ADDRESS			5.3 STEEL	ADDRESS				
CITY · ST · ZIP			5.4 CITY - S					
TITLE		DELETE	6 1 THE	11-71-			Cha	ange
NAME			6.2 NAME				LJ 016	a- [Nont of
STREET ADDRESS			63 STREET	ADDRESS				
CITY - ST - ZIP			6.4 CITY - S					
	certify that the information supplied with	this filmous voluntarily for			ify for the even	intion cluted in Section 110	3.07/21/51 Florida 6	Valudas I fudbar

receifly that the information indicated on this annual report or supplied and does not quality for the exemption stated in Section 119.07(3)(a), 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26 96

904-737-930L