FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000020073 (9)**

1. Corporation Name

ULTRASOUND UNLIMITED, INC.

Principal Place of Business	Mailing Address
8 OFFICE PARK DR SUITE B PALM COAST FL 32137	8 OFFICE PARK DR SUITE B PALM COAST FL 32137

3. Date Incorporated or Qualified: 03/09/1995

3a. Date of Last Report: 4/95

2. Principal Place of Business
21 4 OFFICE PARK DRIVE
Suite, Apt. #, etc
22 SUITE 240
City & State
23 PALM COAST FL
Zip 24 32135 Country 25 FLAGLER

2a. Mailing Address
26 P.O. BOX 351639
Suite, Apt. #, etc.
27
City & State
28 PALM COAST FL
Zip 29 32135-1639 Country 30 FLAGLER

4. FEI Number: 593185378 ☐ 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

JONES, JAMES A JR
8 OFFICE PARK DR
SUITE B
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: JONES, JAMES A JR
82 Street Address (P.O. Box Number is Not Acceptable): 4 OFFICE PARK DR. STE. 240
83
84 City: PALM COAST FL 85 Zip Code: 32135

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: James A. Jones Rep JAMES A JONES PRESIDENT 5/1/96
(Signature of registered agent required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition THOMAS S HICKEY 5 WINDSOR PLACE PALM COAST FL 32137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 5/1/32
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition Bank deposit $ 233.75

CR2E034 (12/95)

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: James A. Jones Rep 5/1/96 1-800-972-9626
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED (Date) (Daytime Phone #)
JAMES A. JONES PRESIDENT