## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. I hereby cartily that the informatic indicated on this annual report or officer or director of the corporat Block 12 or Block 13 if changed.

an attachment with an



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000020073 (9) DOCUMENT #

ULTRASOUND UNLIMITED, INC.

Principal Place of Business Mailing Address 14 OFFICE PARK DRIVE P.O. BOX 351639 PALM COAST FL 32164 PALM COAST FL 32137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3185378 Not Applicable Sulte. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 29 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JONES, JAMES A JR Name 14 OFFICE PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 7 83 PALM COAST FL 32137 84 Zip Code 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 Signature, typed or prened name of registered agent and title if appreatite (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE PRES. Change Addition A HICKEY, THOMAS NAME 1.2 NAME JONES, JAMES AJR 140 PFICE PARK DRIVE **160 WEST HAMPTON** STREET ADDRESS 1.3 STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP 1.4 CITY - ST - ZIP PALM CONST, FL 32137 DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 THILE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-SY-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

**FILED** May 14 1998 8:00am Secretary of State



supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information upplicmental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 44641G