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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Sulte, Apt. #, etc.

SIGNATURE:

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030450 (7)

CARDIOVASCULAR ULTRASOUND, INC.

, soth street H FL 33012	255 W. 30TH STREET HIALEAH FL 33012-5309
al Place of Business	Mailing Address
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2a. Mailing Address

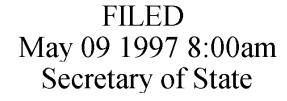
City & State

Suite, Apt. #, etc.

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3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Bo

Added to Fees

Not Applicable

03/19/1996

3. Date Incorporated or Qualified

04/19/1995

65-0574363

5. Cortificate of Status Desired

6. Election Campaign Financing

4-20-97

823-5000 ext. 4799

Trust Fund Contribution

4. FEI Number

Σib	ļ	3	le e	21µ) 	E-n	Country		B. This corporation has liability for intangible tax under s. 199.032,		
24	2!		29		30	_T		Florida Statutes Yes No		
A. B.		nd Address of Currer	n Regi	stered Agent		81		10. Name and Address of New Registered Agent		
	/A, RAUDEL	***				°'	Name	е		
255 W. SOTH STREET						82	82 Street Address (P.O. Box Number is Not Acceptable)			
HIAL	LEAH FL 330	12				1_1		and the second control of the second control		
en in the second						83				
						84	City	FL 85 Zip Code		
office or r	registerod ager	ns of Sections 607.05(nl, or both, in the State , and accept the oblig	: of Fior	ida. Such cha	nge was autho	rized by	r the cord	d corporation submits this statement for the purpose of changing its registered exporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE								and the second s		
	Signalure, lyped or	pented name of registered ag-			(NOTE Reg	istered Age	ad signature	un required when nainstating) DATE A DIDITION OF LANGES TO OFF OF DRIVING DIDECTORS IN 10		
12. Trije	-n	OFFICERS AN	Es Diva		ELCTE	13. 111116	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME.	OLIVA, RAI	JOEL		، ر_	1	1.2 NAME				
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CITY-ST-ZIP	<u> </u>				I	6.4 CITY - S		<u> </u>		
informatio	no batacibní no	this annual report or	suppler	mental ännuat	report is true a	and accu	ráte and	estated in Section 119.07(3)(i), Florida Statutes. I further certify that the nd that my signature shalf have the same legal effect as if made under oath; that is report as required by Chapter 607. Florida Statutes; and that my name		

UBB BEQUIRED