FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90092 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

*Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030450

1. Corporation Name

CARDIO	VASCULAR ULTRAS	OUND, INC.														
Principal Flac 255 W. 30TH	STREET	Mailing Ad 255 W. 30	TH STREET			-		144	.	FREDE DELL	 	111 6 6 111 6 61	OD (11(5) U)	()	4 1111 4 5 11 1 1	
HIALEAH FL 33012 HIALEAH FL 33012								DO NOT WRITE IN THIS SPACE								
							3. C	ate In	corporat	ed or Q	ualifed					
							0	34/19	/1995							
2. Principal P	Place of Business	2a. Mailing	Address				1	El No						Ap	plied For	
21		26					<u> </u>	35-05	74363	<u> </u>					Applicat	ole
Suite, Apt.	#, etc.	Suite, /	Apt. #, etc.				5. C	Certifc a	ate of Sta	atus Des	sired			3.75 A Fee Re	dditional quired	
City & Sitat	te	City &	State				6. ⊟	Electic	n Campa	aign Fina	ancing		\$	5.00	Vlay Be	
23		28					T	rust I	und Con	tribution	1			Added t	Fees	
Zip	Country	Zip	r	Count	ry		1		,			ent year l				ļ
24	25	29		30					al Prope				<u> </u>		□No	
	9. Name and Address	of Current Registered A	gent	8	11 Nai		10. 1	vame :	and Add	iress of	New K	Register	u Agei		-	
OLIV	/A, RAUDEL			Ľ	110							 				
	W. 30TH STREET			8	Str	eet Addre	ess (P.C	D. Box	Number	r is Not /	Accepta	ible)				Ì
	EAH FL 33012			l a	13											
,				8	4 City	/						F	85	Zip (Code	
11. Pursuant	to the provisions of Section	ns 607,0502 and 607,1508 the State of Florida. Such	, Florida Statute	es, the abo	ove-nam	ned corpo	oration s	submit	s this sta	atement	for the	purpose	of chan	ging its	registere	d
office or r	registered agent, or bctn, in	ine State of Florida. Such	change was at	MIONZEU L	y life C	DIPOLITIO	113 000	14 01 1	medicions.	. 1 116760	y accep	it tile upi	01,111110	,, ,,,	2.0.0.00	
agent. I a	ım familiar with, and accep	t the obligat ons of, Section	1 607.0505, Flor	ida Statuti	es.											1
agent. I a	im familiar with, and accep	t the obligations of, Section	1 607.0505, Flor	ida Statuti	es.											İ
agent. I a	Signature, typed or printed name of	registered agent and title if applicable	1 607.0505, F13r	Registered A	85. 		when rein	nstating)				DATE		DECT.	136 IN 45	
agent. I a SIGNATURE 12.	Signature, typed or printed name of OFF		9 (NOTE:	Registered A	gent signal		when rein	nstating)				DATE FICERS	AND DI			
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of OFF	registered agent and title if applicable	1 607.0505, F13r	Registered A	gent signal		when rein	nstating)					AND DI	RECTC Change	DRS IN 12 ☐ Add	
agent. I a SIGNATUFE 12. TITLE NAME	Signature, typed or printed name of OFF D OLIVA, RAUDEL	registered agent and title if applicable	9 (NOTE:	Registered Age 13. 1.1 TITLE	gent signa	ture req iired	when rein	nstating)					AND DI			
agent. 1 a SIGNATUFE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE	registered agent and title if applicable	9 (NOTE:	Registered And 13. 1.1 TITLE 1.2 NAM 1.3 STREET	gent signa E E EET ADDR	ture req iired	when rein	nstating)					AND DI			
agent. 1 a SIGNATUFE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D OLIVA, RAUDEL	registered agent and title if applicable	, (NOTE:	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STR	gent signal E E EET ADDR	ture req iired	when rein	nstating)					AND DI	Change	☐ Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE	registered agent and title if applicable	9 (NOTE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	gent signed E E EET ADDR -ST-ZIP	ture req iired	when rein	nstating)					AND DI			ition
agent. 1 a SIGNATUFIE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	, (NOTE:	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	gent signal E E EET ADDR: -ST-ZIP E	ture req ifred	when rein	nstating)					AND DI	Change	☐ Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	, (NOTE:	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	gent signar E E E E E T ST-ZIP E E E E E E E E E E E E E	ture req ifred	when rein	nstating)					AND DI	Change	☐ Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	gent signer E E EET ADDR -ST-ZIP E EET ADDR (-ST-ZIP	ture req ifred	when rein	nstating)					AND DIA	Change	☐ Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	, (NOTE:	Registered An 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE	gent signal E E E E E E T T T T T T T	ture req ifred	when rein	nstating)					AND DIA	Change	☐ Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE	Registered An 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAM	gent signal E E E EET ADDR - ST-ZIP E E EET ADDR /- ST-ZIP	ESS ESS	when rein	nstating)					AND DIA	Change	☐ Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STR: 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI	gent signal E E EET ADDR -ST-ZIP E EET ADDR (-ST-ZIP E E	ESS ESS	when rein	nstating)					AND DIA	Change	☐ Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE DELETE	Registered An 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3.4 CITY 3.4 CITY	gent signar E E EET ADDR -ST-ZIP E EET ADDR (-ST-ZIP E E E E E E E E E E E E E	ESS ESS	when rein	nstating)					AND DI	Change	☐ Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STR: 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STR: 3.4 CITY 4.1 TITLE	gent signar E E EET ADDR -ST-ZIP E E E E E E E E E E E E E	ESS ESS	when rein	nstating)					AND DI	Change	Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.2 NAM 4.2 NAM 4.2 NAM	gent signar E E E E E E E E E E E E E	ESS ESS	when rein	nstating)					AND DI	Change	Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.	gent signal E E E E E E E E E E E E E	ESS ESS	when rein	nstating)					AND DI	Change	Add	ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.2 NAM 4.2 NAM 4.2 NAM	gent signar E E E E E E E E E E E E E	ESS ESS	when rein	nstating)					AND DI	Change	Add	ition ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE DELETE DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY	gent signar E E E E E E E E E E E E E	ESS ESS	when rein	nstating)					AND DI	Change Change Change	Add	ition ition	
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE DELETE DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STR: 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STR: 4.1 CITY 4.1 TITLE 4.2 NAM 4.3 STR: 4.4 CITY 5.1 TITLE 5.2 NAM	gent signar E E E E E E E E E E E E E	ESS ESS ESS	when rein	nstating)					AND DI	Change Change Change	Add	ition ition
AGENT. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITREET ADDRESS	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE DELETE DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STR: 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STR: 4.1 CITY 4.1 TITLE 4.2 NAM 4.3 STR: 4.4 CITY 5.1 TITLE 5.2 NAM	gent signar E E EET ADDR - ST-ZIP E E EET ADDR (- ST-ZIP E E EET ADDR (- ST-ZIP E E EET ADDR - ST-ZIP E E EET ADDR - ST-ZIP E EET ADDR - ST-ZIP E E EET ADDR	ESS ESS ESS	when rein	nstating)					AND DI	Change Change Change	Add	ition ition
agent. 1 a SIGNATUF:E 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OFF D OLIVA, RAUDEL 255 W. 30TH STREE HIALEAH FL 33012	registered agent and title if applicable	DELETE DELETE DELETE	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STR: 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STR: 3.4 CITY 4.2 NAM 4.3 STR: 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STR: 5.3	gent signar E E EET ADDR - ST-ZIP E E EET ADDR (- ST-ZIP E E EET ADDR (- ST-ZIP E E EET ADDR - ST-ZIP E E EET ADDR - ST-ZIP E E EET ADDR - ST-ZIP E E E E E E E E E E E E E E E E E E E	ESS ESS ESS	when rein	nstating)					AND DI	Change Change Change	Add	ition

14. I hereb / certify that the information supplied with this filing 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 receipt for trustee ampowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an appear of the corporation of the receipt and difference of the receipt and difference of the

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRE 3S

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYP

4-20-89