

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90006 043 \*\*\*150.00

DOCUMENT # P95000038036

1. Corporation Name

M-G NEURO-VASCULAR ULTRASOUND SERVICES, INC.

Principal Place of Business

ALYKAT MEDICAL CENTER  
533 SW 8 ST.  
MIAMI FL 33130

Mailing Address

ALYKAT MEDICAL CENTER  
533 SW 8 ST.  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1995

4. FEI Number

65-0580354

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Zip

31. Country

9. Name and Address of Current Registered Agent

MAJIA, MARLIN  
2345 S.W. 16 ST. APT. #1  
MIAMI FL 33145

10. Name and Address of New Registered Agent (Address)

81. Name

MEJIA, MARLIN

82. Street Address (P.O. Box Number is Not Acceptable)

12080 S.W. 250 ST.

83. City

84. Zip Code

Princeton

FL

33032

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P

STREET ADDRESS MEJIA, MARLIN

CITY-ST-ZIP 2345 S.W. 16 ST. APT. #1

MIAMI FL 33145

TITLE ☐ DELETE

NAME VP

STREET ADDRESS GALINDO, JUAN C

CITY-ST-ZIP 5601 NW-7 STREET-B-109

MIAMI FL 33136

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P

1.3 STREET ADDRESS MEJIA, MARLIN

1.4 CITY-ST-ZIP 12080 S.W. 250 ST.

Princeton, FL 33032

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VP

2.3 STREET ADDRESS GALINDO, JUAN C

2.4 CITY-ST-ZIP 5601 NW-7 STREET-B-109

Princeton, FL 33032

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-27-99

CR2E034 (1/98)