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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000100910 (4)

1. Corporation Name  
COASTAL ULTRASOUND SERVICES, INC.



Principal Place of Business

4322 CEDAR GROVE ST  
HOLIDAY FL 34691

Mailing Address

4322 CEDAR GROVE ST  
HOLIDAY FL 34691-3780

3. Date Incorporated or Qualified

12/12/1996

3a. Date of Last Report

12-12-96 N/A

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 5308 Leeward Lane

2a. Mailing Address

26 5308 Leeward Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New Port Richey, FL

City & State

28 New Port Richey, FL

Zip

Country

24 34652

Zip

Country

29 34652

30

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

WHITEMORE, CHARLES  
4322 CEDAR GROVE ST  
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name

Whitemore Charles

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

5308 Leeward Lane

83

84 City

New Port Richey FL

85 Zip Code

34652

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: Charles Whitemore, Charles Whitemore

4.24.97

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 PVST ☐ DELETE

NAME WHITEMORE, CHARLES  
STREET ADDRESS 4322 CEDAR GROVE ST  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ DELETE

NAME WHITEMORE, CHARLES  
STREET ADDRESS 4322 CEDAR GROVE ST  
CITY-ST-ZIP HOLIDAY FL 34691

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE: Charles Whitemore, Charles Whitemore

4.24.97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011034

CR2E034 (9/96)