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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9700038027

SONOMED OF MIAMI, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90020 042 ***150.00



		•		•	
Principal Place	of Business	Mailing Address			1 18911011 its itini (BBit Bett) dent deine iliet (att seine sten ten ten ten ten
167 BOUGAINVI		167 BOUGAINVILLEA			
TAVERNIER FL 33070 TAVERNIER FL 33070					DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed 04/29/1997
2 Principal Pl	lace of Business	2a. Mailing Address			4 FEI Number Applied For
<u> </u>	inged Oi Englisona	26	-		65-0747524 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	e .	City & State	_		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
				81 Name	me .
Grei	enwood, gary			82 Street	eet Address (P.O. Box Number is Not Acceptable)
,	BOUGAINVILLEA			or order	contributions (1.5. Box (tallibor to the thorizontal)
TAVE	ERNIER FL 33070			83	
				DA City	v 85 Zip Code
		_		84 City	' テᡶ ͺ╎¨│ ˙
11. Pursuant	to the provisions of Sections 647.0	502 april 607. 508, Florida Statute	es, the a	bove-named	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both in the Sta	te of Florida. \$uch change was at	uthorized rida Stati	l by the com	corporation's board of directors. Thereby accept the appointment as registered
		gamins di, escalori dovidodo, i idi	5	-1001	³ /26/99
SIGNATURE	Signature, typed or printed name of registered a	agent and bits if applicable. (NOTE	: Registered	Agent signature	ture required when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ΠΊLE	D	☐ DELETE	1.1 TI	TLE	☐ Change ☐ Addition
NAME	GREENWOOD, GARY		1.2 NA	ME	
STREET ADDRESS	167 BOUGAINVILLEA		1.3 \$T	REET ADDRESS	ESS
CITY-ST-ZIP	TAVERNIER FL 33070		1.4 CF	TY-ST-ZIP	
TITLE		☐ DELETE	2.1 TF	TLE	
NAME					Change Addition
STREET ADDRESS	ĺ		2.2 N	AME.	Change C Addition
				AME TREET ADDRESS	
CITY-ST-ZIP		المنتس المعادي	2.3 ST		ESS
CITY-ST-ZIP		☐ DELETE	2.3 ST	REET ADDRESS	
		☐ DELETE	2.3 ST 2.4 C	TREET ADDRESS ITY-ST-ZIP TLE	ESS
TITLE		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/	TREET ADDRESS ITY-ST-ZIP TLE	ESS
TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	TREET ADDRESS ITY-ST-ZIP TLE	Change Addition
TITLE NAME		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	TREET ADDRESS ITY-ST-ZIP TLE WME TREET ADDRESS ITY-ST-ZIP	ESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	TREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N	TREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST	TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST	REET ADDRESS ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITHEET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI	REET ADDRESS ITY-ST-ZIP TLE MME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE	Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 ST 2.4 C 3.1 Π 3.2 N/ 3.3 ST 3.4 C 4.1 Π 4.2 N 4.3 ST 4.4 Cf 5.1 Π 5.2 N/	REET ADDRESS ITY-ST-ZIP TLE MME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE	Change Addition Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 . C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	REET ADDRESS ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME ITEET ADDRESS ITY-ST-ZIP TLE TY-ST-ZIP TLE AME	Change Addition Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 . C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	REET ADDRESS ITY-ST-ZIP TLE AME ITEET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS	Change Addition Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE		☐ DELETE	2.3 ST 2.4 C 3.1 Π 3.2 N 3.3 ST 3.4. C 4.1 Π 4.2 N 4.3 ST 4.4 CI 5.1 Π 5.2 N 5.3 ST 5.4 CI	REET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TTY-ST-ZIP TLE	Change Addition Change Addition Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI 6.1 TT 6.2 NA	REET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TTY-ST-ZIP TLE	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition

CITY-ST-ZIP 14. I hereby certify that the information sapplied 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 subplemental 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 of the receiver of rustee 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 an attacament with an address, with all other like empowered.

SIGNATURE: