

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

FILED
Apr 06 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000074978 (2)

1. Corporation Name
ADVANCED ULTRASOUND CENTERS, INC.



| | |
|--|--|
| Principal Place of Business 11479 CORTEZ BLVD BROOKSVILLE FL 34613 | Mailing Address 11479 CORTEZ BLVD BROOKSVILLE FL 34613 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 11475 Cortez Blvd. Suite, Apt. #, etc. | | 2a. Mailing Address 26 11475 Cortez Blvd. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/27/1997 | |
| 22 City & State 23 Brooksville, FL 24 34613 25 USA | | 27 City & State 28 Brooksville, FL 29 34613 30 USA | | 4. FEI Number 59-3465439 Applied For Not Applicable | |
| 2. Principal Place of Business 21 11475 Cortez Blvd. Suite, Apt. #, etc. | | 2a. Mailing Address 26 11475 Cortez Blvd. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 City & State 23 Brooksville, FL 24 34613 25 USA | | 27 City & State 28 Brooksville, FL 29 34613 30 USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 2. Principal Place of Business 21 11475 Cortez Blvd. Suite, Apt. #, etc. | | 2a. Mailing Address 26 11475 Cortez Blvd. Suite, Apt. #, etc. | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent COHN, ROY W 3321 HENDERSON BLVD TAMPA FL 33609 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
|---|--|--|--|

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITE, SCOTT A 11479 CORTEZ BLVD BROOKSVILLE FL 34613 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D White, Scott A 11475 Cortez Blvd. Brooksville, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALEH, MOHAMAD I 11479 CORTEZ BLVD BROOKSVILLE FL 34613 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | D Saleh, Mohamad I 11475 Cortez Blvd. Brooksville, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

Scott A. White, Director 3/31/98 (352) 596-0062

CR2E034 (10/97)