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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000027942

HEART SCAN SERVICES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90043 031 ***150.00



Mailing Address Principal Place of Business 13535 FEATHER SOUND DR. 13535 FEATHER SOUND DR. CLEARWATER FL 33762 CLEARWATER FL 33762 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/24/1998 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business 59-3514546 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HENDERSON, MARY JO Street Address (P.O. Box Number is Not Acceptable) 82 2401 WEST BAY DRIVE 13535 FEATHER SOUND **LARGO FL 33770** 83 Zip Code 85 84 LL EARWAY ER 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE 1,1 TITLE TITLE HENDERSON, MARY JO 1.2 NAME NAME 13535 FEATHER SOUND DE #400 2401 WEST BAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS ELEARWATER **LARGO FL 33770** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITL F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 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 apprecia, with all other like empowered.

SIGNATURE AND TWEED OR

CR2E034 (11/98)