

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90026 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT

**1999**



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

**DOCUMENT # P98000043853**

1. Corporation Name

**PANHANDLE ULTRASOUND & IMAGING, INC.**

Principal Place of Business

2828 LONGLEAF RD.  
PANAMA CITY FL 32405

Mailing Address

2828 LONGLEAF RD.  
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/13/1998**

2. Principal Place of Business

21 **325th Med. Group**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **TRAFB Hospital**

City & State

23 **Panama City, FL**

Zip

24 **32403**

Country

25 **Bay**

City & State

27 **FL.**

Zip

29

Country

30

4. FEI Number

**59-3513516**

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CRAFT, DEBORAH E**  
**2828 LONGLEAF RD.**  
**PANAMA CITY FL 32405**

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 **Deborah E. Craft**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-21-99**

12. OFFICERS AND DIRECTORS

TITLE **Chairman CEO** ☐ DELETE  
NAME **Deborah E. Craft**  
STREET ADDRESS **2828 Longleaf Rd.**  
CITY-ST-ZIP **Panama City, FL 32405**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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 REQUIRED**

**7-21-99** **850**  
**283-7456**

CR2E034 (5/99)

P98000043853  
596618-900265

7-21-99

Florida Department of State

Katherine Harris

Secretary of State  
Division of Corporations

Dear Ms. Harris:

Today I received The Profit Corporation  
Annual Report. Due to the fact that I  
Received ~~this~~ for m - Past - the Filing Deadline  
I ask that you Wave the \$400.00 Late  
Filing Charge. As soon as I received  
the document I called your Office and  
Spoke with Grace. She told me to  
immediately mail the \$150.00 with a Letter  
Explaining my current situation. Most  
of my mail goes to the 325<sup>th</sup> Med  
Group Hospital, TAFB, FL. This could have  
caused me to receive the document late.

Thanks you In Advance for understanding,

Belora E. Craft R.T. M. RIMS