

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053391

1. Entity Name

ULTRASOUND IMAGING SPECIALISTS, INC.

FILED

01 JAN 18 PM 3:46

Principal Place of Business

1251 S. MYRTLE AVE
CLEARWATER FL 33756
US

Mailing Address

1251 S. MYRTLE AVE
CLEARWATER FL 33756
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2150 CENTERVIEW CT. N.
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 14307
Suite, Apt. #, etc.

REINSTATEMENT 00-01

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3515212

Applied For
Not Applicable

Zip

Country

33759

Zip

Country

33766

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, WENDY
ROBERTS & ASSOCIATES
5118 N. 56TH ST., STE. 248
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name CAROL GRIFFIN

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

2150 CENTERVIEW CT. N.

City

CLEARWATER

FL

Zip Code

33759

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12-29-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME JOCHIMS, NIECE
STREET ADDRESS 1251 S. MYRTLE AVE
CITY-ST-ZIP CLEARWATER FL 33756

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CAROL GRIFFIN
STREET ADDRESS 2150 CENTERVIEW COURT. N.
CITY-ST-ZIP CLEARWATER, FL 33759

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Date

727-461-0613

Daytime Phone #

CR2E034 (5/00)