

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90079 016 ***150.00

DOCUMENT # P98000053391

1. Entity Name
ULTRASOUND IMAGING SPECIALISTS, INC.



Principal Place of Business
**2150 CENTERVIEW CT. N.
CLEARWATER FL 33759
US**

Mailing Address
**P.O. BOX 14307
CLEARWATER FL 33766-4307**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3515212**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, CAROL
2150 CENTERVIEW CT. N.
CLEARWATER FL 33759**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GRIFFIN, CAROL**
CITY-ST-ZIP **2150 CENTERVIEW CT. N.
CLEARWATER FL 33759**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

7-15-03 (727) 461-0613
Date Daytime Phone #

CR2E034 (4/03)



Attachment#

90144636

098000053391

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Via US Mail

July 16, 2003

To Whom It May Concern:

Please allow this correspondence to waive the \$400.00 late fee, as this is the first notice that the corporation has received.

Many thanks,

Carol J. Griffin
President/CEO

P.O. BOX 14307
CLEARWATER, FL 33766-4307
PHONE: (727) 461-0613
FAX: (727) 461-0713