2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

TAMPA CL 2004

7816 EGYPT LAKE DR.

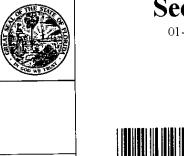
P98000067810 DOCUMENT

1. Entity Name

Principal Place of Business

7109 N ARMENIA AVE

VASCULAR ULTRASOUND SERVICES, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90076 030 ***150.00

TAMPA FL 33804	•	TAMPA FL 33014							
2. Principal Plac	ce of Business	3. Mailing Addres	3. Mailing Address				14)14 688 8 1 18181 111	111 19 11 1831	
Suite, Apt. #,	etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			1 Number 65-0860820	<u> </u>	lied For Applicable	
Zip	Country Zip		Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Na	me and Address of New Registered	Agent		
		Name							
SUAREZ, JORGE C 7816 EGYPT LAKE DR.				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL									
IAMPA FL			City			FL	Zip Code		
	amed entity submits this statement ans of registered agent.	nt for the purpose of cha	nging its register	ed office or regist	tered ager	nt, or both, in the State of Florida. I am	familiar with, a	and accept	
SIGNATURE _	ignature, typed or printed name of registered a	cent and title if applicable.	(NOTE: Register	ed Agent signature requ	ired when rein	stating) DATE			
FIL After I	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.	00				9. Election Campaign Financing		May Be to Fees	
Make Check I				TO OFFICERS AND	DIRECTORS	IN 11			
10. OFFICERS AND DIRECTORS				·	ADL	DITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition	
NAME STREET ADDRESS	P Suarez, Jorge C 7816 Egypt Lake Drive Tampa Fl 33614	□ De	NAI Str						
TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Delete		NA Sti	LE Me Reet address IY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			NA STI	ME REET ADDRESS			El-Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D:	elete TIT NA ST	TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP	<u> </u>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. STI		TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		0	NA ST	TLE AME TREET ADDRESS TY-ST-ZIP		110 07/2Vi) Florida Statutes further o	Change	Addition	

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:

1-4-03

Daytime Phone #