2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088028

1. Entity Name
INTERMED ULTRASOUND SERVICES, INC.

Principal Place of Business	Mailing Address
13351 PROGRESS BLVD ALACHUA, FL 32615	13351 PROGRESS BLVD ALACHUA, FL 32615

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04112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3537216	Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, DON
13351 PROGRESS BLVD
ALACHUA, FL 32615

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLETCHER, DON
STREET ADDRESS	13351 PROGRESS BLVD
CITY-ST-ZIP	ALACHUA, FL 32615

TITLE	D
NAME	STAAB, RICK
STREET ADDRESS	11635 N.W. 9TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	D
NAME	BAUERLE, DAVE
STREET ADDRESS	4815 S.W. 44TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ /VP   4/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #