

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088028

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** INTERMED ULTRASOUND SERVICES, INC.

**Current Principal Place of Business:**

13351 PROGRESS BLVD  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

13351 PROGRESS BLVD  
ALACHUA, FL 32615

**New Mailing Address:**

**FEI Number:** 59-3537216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, DON  
13351 PROGRESS BLVD  
ALACHUA, FL 32615 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FLETCHER, DON  
Address: 13351 PROGRESS BLVD  
City-St-Zip: ALACHUA, FL 32615

Title: V ( ) Delete  
Name: STAAB, RICK  
Address: 6319 SW 37TH WAY  
City-St-Zip: GAINESVILLE, FL 32608

Title: S ( ) Delete  
Name: BAUERLE, DAVE  
Address: 13126 NW 19TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** THERESA A SMITH

A/P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date