


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # S01428 1. Entity Name ULTRASOUND AND MAMMOGRAPHY ASSOCIATES, P.A.	
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Principal Place of Business 603 VILLAGE BLVD SUITE 202 WEST PALM BEACH, FL 33409	Mailing Address 603 VILLAGE BLVD SUITE 202 WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0217217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHN, JESSICA
603 VILLAGE BLVD SUITE 202
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

6. 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 \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000269964 03/19/05-20032-010-150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHN, JESSICA MD 603 VILLAGE BLVD #202 WEST PALM BEACH, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jessica M. Cohn* *Jessica M. Cohn* 3/19/05 561 667-9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #