

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01428

FILED
Jan 22, 2009
Secretary of State

Entity Name: ULTRASOUND AND MAMMOGRAPHY ASSOCIATES, P.A.

Current Principal Place of Business:

603 VILLAGE BLVD SUITE 202
WEST PALM BEACH, FL 33409

New Principal Place of Business:

603 VILLAGE BLVD
SUITE 202
WEST PALM BEACH, FL 33409

Current Mailing Address:

603 VILLAGE BLVD SUITE 202
WEST PALM BEACH, FL 33409

New Mailing Address:

603 VILLAGE BLVD
SUITE 202
WEST PALM BEACH, FL 33409

FEI Number: 65-0217217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COHN, JESSICA M PA
603 VILLAGE BLVD
SUITE 202
WEST PALM BEACH, FL 33409 US

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: JESSICA M. COHN M.D.

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHN, JESSICA
Address: 603 VILLAGE BLVD #202
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PA (X) Change () Addition
Name: COHN, JESSICA M PA
Address: 603 VILLAGE BLVD SUITE #202
City-St-Zip: WEST PALM BEACH, FL 33409

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: JESSICA M. COHN M.D.

PA

01/22/2009

Electronic Signature of Signing Officer or Director

Date