FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S25176** **(6)**

1. Corporation Name

MEDICAL DIAGNOSTIC ULTRASOUND SERVICES, INC.

Principal Place of Business	Mailing Address
1404 GOLF AVE SUITE C ORMOND BEACH FL 32174 US	P OBOX 730483 SUITE C ORMOND BEACH FL 32173-0483 US

2. Principal Place of Business 21 5 Windsor Place	2a. Mailing Address 26 P.O. Box 730483
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Palm Coast, FL	City & State 28 Ormond Beach, FL
Zip / Country 24 32164 / 25	Zip / Country 29 32173-0483 / 30

3. Date Incorporated or Qualified 01/15/1991	3a. Date of Last Report 08/22/1995
4. FEI Number 59-3047439	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

JOHNSON, RONALD
326 S GRANDVIEW AVE
SUITE C
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent, and title if agent is an officer or employee of a corporation (Note: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	JONES, BILLIE S		12 NAME		
STREET ADDRESS	28 OCEAN DUNE CIRCLE		13 STREET ADDRESS		
CITY-ST-ZIP	PALM COST FL		14 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TIGHE, MICHAEL K.		22 NAME		
STREET ADDRESS	808 PELICAN BAY DR.		23 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH SHRS FL		24 CITY-ST-ZIP		
TITLE	P	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PETTINA, SAMUEL D.O.P.A.		32 NAME		
STREET ADDRESS	672 POINSETTA RD., #23		33 STREET ADDRESS		
CITY-ST-ZIP	BELLAIRE FL		34 CITY-ST-ZIP		
TITLE	V	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	PETTINA, FRANCINA		42 NAME		
STREET ADDRESS	672 POINSETTA RD., #23		43 STREET ADDRESS		
CITY-ST-ZIP	BELLAIRE FL		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	NILES, PETERS		52 NAME		
STREET ADDRESS	600 SILVER BCH		53 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL		54 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HICKEY, JAMIE		62 NAME		
STREET ADDRESS	1404 GOLF AVE		63 STREET ADDRESS		
CITY-ST-ZIP	ORMOND EBACH FL		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jamie L Hickey - Jamie L Hickey (904) 446-8540

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

CR2E034 (12/95)