

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 # **S72648** (6)

1. Corporation Name

ASSOCIATES IN ULTRASOUND INC.

Principal Place of Business

**13180 N. CLEVELAND AVE.
SUITE #112
FT. MYERS FL 33903-6230**

Mailing Address

**13180 N. CLEVELAND AVE.
SUITE #112
FT. MYERS FL 33903-6230**



2. **ASS0180 339032056 1695 01/18/96**
21 **NOTIFY SENDER OF NEW ADDRESS**
22 **ASSOCIATES IN ULTRASOUND**
PO BOX 1388
FORT MYERS FL 33902-1388

New Address

9. Name and Address of Current Registered Agent

**LOPEZ, HILDA
3196 RIVER GROVE CIRCLE
FORT MYERS FL 33905**

3. Date Incorporated or Qualified
08/09/1991

3a. Date of Last Report
04/13/1995

4. FEI Number
65-0277969

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

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

Hilda E. Lopez

President

(DATE)

4/25/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SIMMONS, MARGARET E.**
STREET ADDRESS **3172 RIVER GROVE CIRCLE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME **D LOPEZ, HILDA E.**
STREET ADDRESS **3196 RIVER GROVE CIR**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

Hilda E. Lopez - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

*941
982-9501*

CR2E034 (12/95)