

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01982
1. Entity Name
SONOCARE DIAGNOSTIC IMAGING, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90034 026 ***150.00

Principal Place of Business Mailing Address
6428 N.W. 54 COURT 6428 N.W. 54 COURT
LAUDERHILL FL 33319 LAUDERHILL FL 33319-7281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0302539 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARTWELL, SONIA MARIE
6428 N.W. 54 COURT
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE P Delete
NAME ARTWELL, SONIA MARIE
STREET ADDRESS 6428 N.W. 54 COURT
CITY-ST-ZIP LAUDERHILL FL 33319
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE Change Addition
NAME
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonia Artwell Sonia ARTWELL 4-29-00 954-749-9822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)