FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V36352** **(5)**

1. Corporation Name

ULTRAMEDIX HEALTH CARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
12964 N. DALE MABRY TAMPA FL 33618	12964 N. DALE MABRY TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1992**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 3450 Buschwood Park Dr.
Suite, Apt. #, etc.
22 Suite 245
City & State
23 Tampa, FL
Zip 24 33618 County 25 Hillsborough

2a. Mailing Address
26 3450 Buschwood Park Dr.
Suite, Apt. #, etc.
27 Suite 245
City & State
28 Tampa, FL
Zip 29 33618 Country 30 Hillsborough

4. FEI Number: **59-3130378** ☐ 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

CHAMBERS, FRANCIS WILLIAM III
12964 N. DALE MABRY
TAMPA FL 33618

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, FRANCES W. III	12 NAME	
STREET ADDRESS	12964 N. DALE MABRY	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	14 CITY-ST-ZIP	
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	DEMATTE, EUGENE M	22 NAME	
STREET ADDRESS	12964 N. DALE MABRY	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	JERNIGAN, J. MICHAEL	32 NAME	
STREET ADDRESS	12964 N. DALE MABRY	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARQUIS, PATRICIA N.	42 NAME	
STREET ADDRESS	12964 N. DALE MABRY	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	X	51 TITLE	☒ Change ☐ Addition
NAME	CHUNN, PATRICK J.	52 NAME	
STREET ADDRESS	12964 N. DALE MABRY	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Frances W Chambers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President/CEO
Date (Daytime Phone #)

0200748 CP