

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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # V36352 (5)

1. Corporation Name

ULTRAMEDIX HEALTH CARE SYSTEMS, INC.



Principal Place of Business

Mailing Address

3450 BUSCHWOOD PARK DR.
SUITE 245
TAMPA FL 33618
US

3450 BUSCHWOOD PARK DR.
SUITE 245
TAMPA FL 33618
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

05/13/1992

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 (Type or print the name of registered agent and the date of signature)

(If the Registered Agent signature is required, which needs to be)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE |
|-------|--------------------------|---------------------|----------------|-------------------------------------|
| PS | CHAMBERS, FRANCES W. III | 12964 N. DALE MABRY | TAMPA FL 33618 | <input checked="" type="checkbox"/> |
| C | DEMATTE, EUGENE M | 12964 N. DALE MABRY | TAMPA FL | <input checked="" type="checkbox"/> |
| T | JERNIGAN, J. MICHAEL | 12964 N. DALE MABRY | TAMPA FL 33618 | <input checked="" type="checkbox"/> |
| D | MARQUIS, PATRICIA N. | 12964 N. DALE MABRY | TAMPA FL | <input checked="" type="checkbox"/> |
| T | CHUNN, PATRICK J. | 12964 N. DALE MABRY | TAMPA FL | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | Change | Addition |
|-----------|----------|--------------------|--------------------|--------------------------|-------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

CEO
JOHN S. ZALESUIE
3450 BUSCHWOOD PARK DRIVE
TAMPA, FLORIDA 33618

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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)