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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

(5)

ULTRAMEDIX HEALTH CARE SYSTEMS, INC.

FILED Apr 16 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address							
3450 BUSCHWOOD PARK DR. SUITE 245		3450 BUSCHWOOD PARK DR. SUITE 245					
TAMPA FL 33	618	TAMPA FL 33618			3. Date Incorporated or Qualified	3a. Date of La	ast Report
US		U\$		05/13/1992	05/01/	•	
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3130378		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	3.75 Additional
22		On S State			A Florida Consider Consider		Fee Required
City & State		Orty & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Ζιρ	Country	Zp	Coun	try	8. This corporation has liability fo	~	
4	25	29	30			es 🔲 No	
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered Agen	<u> </u>
				81 Name			
CORPOR	ATION INFORMATION SERVICE	S, INC.		B2 Street A	Address (P.O. Box Number is Not Accepta	able)	
1201 HAYS STREET			83				
TALLAHA	ASSEE FL 32301			B-3			
				B4 City	- A A A A A A A A A A A A A A A A A A A	FL 85	Zip Code
41 Durawant	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statut	es the abou	namod co	rporation submits this statement for the p		L
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noual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under importation or the receiver or trustee employered to execute this report as required by Chapter 607, Fiorida Statutes, and that my name with an address. Too hereby Cert y that no indicated on the certify that the information indicated on the oath, that I am an officer (in director of the pappears in Block 12 or Blust 18 if of inger

SIGNATURE;

AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytin e Phere ¥