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 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V51398** **(8)**

1. Corporate Name
GOOD'S MEDICAL ULTRASOUND, INC.

Principal Place of Business	Mailing Address
400 N. ROYAL PONCIANA BLVD., G-2 MIAMI SPRING FL 33166	400 N. ROYAL PONCIANA BLVD., G-2 MIAMI SPRING FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1992
3a. Date of Last Report: 05/12/1994
4. FEI Number: 65-0343954 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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

2. Principal Place of Business	2a. Mailing Address
21 16 CORYDON DR	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 MIAMI SPRINGS, FL	City & State: 28
Zip: 24 33166 — 25 Country: /	Zip: 29 — 30 Country:

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUENO, JORGE A. 400 NORTH ROYAL PONCIANA BLVD., G-2 MIAMI SPRING FL 33166	81 Name: BUENO JORGE 82 Street Address (P.O. Box Number is Not Acceptable): 16 CORYDON DR. 83 84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

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] JORGE BUENO (P) 05/03/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	TITLE	P	☒ Change ☐ Addition
NAME	BUENO, JORGE A.	NAME	BUENO JORGE A	
STREET ADDRESS	400 N. ROYAL PONCIANA	STREET ADDRESS	16 CORYDON DR	
CITY-ST-ZIP	MIAMI SPRING FL	CITY-ST-ZIP	MIAMI SPRINGS, FL	
TITLE	ST	TITLE	ST	☒ Change ☐ Addition
NAME	BUENO, EMMA M.	NAME	BUENO EMMA,M	
STREET ADDRESS	400 N. ROYAL PONCIANA	STREET ADDRESS	16 CORYDON DR	
CITY-ST-ZIP	MIAMI SPRING FL	CITY-ST-ZIP	MIAMI SPRINGS, FL	
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: [signature] 05/03/95 (305) 882-0414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102783 CP

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1995

APPROVED AND FILED

10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V52209 (6)

EDWARD AIRS ELECTRICAL DESIGN INC.

Principal Address	Mailing Address
1201 NORTHWEST 98TH TERRACE PEMBROKE PINES FL 33024	1201 NORTHWEST 98TH TERRACE PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 07/20/1992

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

4. FEI Number: 65-0346796 — 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: [X] Yes [ ] No

2, 21, 22, 23, 24, 25 — 2a. Mailing Address: 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

AIRS, EDWARD
1201 NORTHWEST 98TH TERRACE
PEMBROKE PINES FL 33024

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: Edward Airs President 5/4/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AIRS, EDWARD
STREET ADDRESS	1201 N.W. 98TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I 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)(n), 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: Edward Airs 5/4/95 305-9355615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0086702 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

TALLAHASSEE, FLORIDA

DOCUMENT # **V52400** **(1)**

1. Corporate Name

AFFILIATED FINANCIAL RESOURCES, INC.

Principal Place of Business: 625 BEVILLE RD, SOUTH DAYTONA FL 32119, US

Mailing Address: 625 BEVILLE RD, SOUTH DAYTONA FL 32119, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1992**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-3134670** — 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. 199.11(3) Florida Statutes [ ] Yes [X] No

2. Principal Place of Business — 2a. Mailing Address (21–30: blank)

9. Name and Address of Current Registered Agent

DOLLIESLAGER, DAVID
625 BEVILLE RD
SOUTH DAYTONA FL 32119

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

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DOLLIESLAGER, DAVID
STREET ADDRESS	625 BEVILLE RD
CITY-ST-ZIP	SOUTH DAYTONA FL
TITLE	VS
NAME	DOLLIESLAGER, BENITA
STREET ADDRESS	625 BEVILLE ROAD
CITY-ST-ZIP	SOUTH DAYTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: [blank]

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: [signature] President - Treasurer 5-5-95 904/761-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0000626 CP