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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V51398

GOOD'S MEDICAL ULTRASOUND, INC.

FILED Jan 30, 1999 8:00am **Secretary of State**

01-30-1999 90007 042 ***150.00



				•		19:10:15:15:15:19					
Principal Place of Business	Maili	ing Address			1 100 11 011001 01101 1100 01	100 101 6101 6101 616					
16 CORYDON DRIVE 16 CORYDON DRIVE MIAMI SPRING FL 33166 US					<u></u>	TE IN THIS SPAC	E .	· 			
	,	,			3. Date Incorporated or Qualifed 07/16/1992						
2: Principal Place of Business 2a. Mailing Address 25				4. FEI Number	Ī	App	lied For	10			
		•			65-0343954	. [Not	Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1	.75 Ac ee Req	dditional Squired			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
# -Zip	Country Z	lip	~Country		8. This corporation owes the curr	· <u>-</u>			-		
4 25 29		-		Personal Property Tax.							
9. Name and	Address of Current Register	red Agent	81	Name	10. Name and Address of New I	Registered Agent					
BUENO, JORGE A		•		Name		•					
GO 16 CORYDON DRIVE TO SEE AND		82	Street Addre	dress (P.O. Box Number is Not Acceptable)							
, MIAMI SPRING FL 33166			83	-			1. graph 2. graph 3.				
		84	City	\$ 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85	Zip Co	ode				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508; Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth			the above	-named com	oration submits this statement for the	FL purpose of change	ina ite ri	enistered			
office or registered agent,	or both, in the State of Florida.	Such change was auth	orized by	the corporation	on's board of directors. I hereby acce	pt the appointment	as regi	istered			
III agent, I am familiar with, a	and accept the obligations of, S	ection 607.0505, Florida	a Statutes.		•						
ll w it											
SIGNATURE	nted name of registered agent and title if a	pplicable. (NOTE: Reg			d when reinstating)	DATE			2		
SIGNATURE	nted name of registered agent and title if an				d when reinstating) ADDITIONS/CHANGES TO OF		ECTOR		(80)		
SIGNATURE Signature, typed or pri	OFFICERS AND DIRECT		gistered Agent		ADDITIONS/CHANGES TO OF		•	RS IN 12	(11/08)		
SIGNATURE SIgnature, typed or pri 12. PD NAME BUENO, JOR	OFFICERS AND DIRECT	TORS	gistered Agent			FICERS AND DIR	•		(14/98)		
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6.4 CITY-ST-ZIP 14. 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 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 attention with an address, with all other like empowered.

SIGNATURE: