

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 APR 18 PM 6:04

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65648** (0)

1. Corporation Name

QUALITY MEDICAL SONOGRAPHY (Q.M.S.) INC.

Principal Place of Business

**253 EAST 52ND ST.
HALEAH FL 33013**

Mailing Address

**253 EAST 52ND ST.
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0357890

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 C. 100.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21. **3790 WEST 12 AVE.**

2a. Mailing Address

26. **3790 WEST 12 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23. **HALEAH FL.**

City & State

28. **HALEAH FL.**

Zip

24. **33012**

County

25. **DADE**

Zip

29. **33012**

County

30. **DADE**

9. Name and Address of Current Registered Agent

**FREIRA, LORELEI
253 EAST 52 STREET
HALEAH FL 33013**

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 of Registered Agent or Principal Officer and the Agent)

(Signature of Registered Agent or Principal Officer and the Agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREIRA, JESUS
STREET ADDRESS	253 E. 52ND ST.
CITY, ST, ZIP	HALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(b), Florida Statutes. I further certify that the information reflected 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:

Jesús Freira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JESUS FREIRA - PRESIDENT

4/8/95 **302561929**
Date Signature #