

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000082847

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC7164108602**

**Entity Name:** ULTRASOUND CARE SPECIALIST, INC.

**Current Principal Place of Business:**

8803 FUTURES DRIVE  
SUITE 12- UNIT 105  
ORLANDO, FL 32819

**Current Mailing Address:**

2043 DERBY GLEN DRIVE  
ORLANDO, FL 32837

**FEI Number:** 45-3338376

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AQUINO, GRISEL  
2043 DERBY GLEN DRIVE  
ORLANDO, FL 32837 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           MORALES, KARYN  
Address        3521 SANCTUARY DRIVE  
City-State-Zip: ST. CLOUD FL 34769

Title           P  
Name           AQUINO, GRISEL  
Address        2043 DERBY GLEN DRIVE  
City-State-Zip: ORLANDO FL 32837

Title           SEC  
Name           MORALES, KARYN  
Address        3521 SANCTUARY DRIVE  
City-State-Zip: ST. CLOUD FL 34769

Title           TRE  
Name           MORALES, KARYN  
Address        3521 SANCTUARY DRIVE  
City-State-Zip: ST. CLOUD FL 34769

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GRISEL AQUINO

**PRESIDENT**

**02/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date