**FILED**
**May 22, 2003 8:00 am**
**Secretary of State**
05-22-2003 90142 018 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000067636

1. Entity Name
JM MEDICAL IMAGING SALES, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6073 NW 167 ST # C-9 | 6073 NW 167 ST. |
| Suite, Apt. #, etc.: C-9 | Suite, Apt. #, etc.: C-9 |
| City & State: MIAMI FL | City & State: MIAMI FL |
| Zip: 33015 Country: USA | Zip: 33015 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 81-0558621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: JUAN M. PEREZ

Street Address (P.O. Box Number is Not Acceptable): 6073 NW 167 ST. Suite C-9

City: MIAMI FL Zip Code: 33015

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: [signature] 5-19-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRESIDENT |
| NAME | JUAN M. Perez |
| STREET ADDRESS | 6073 NW 167 ST # C-9 |
| CITY-ST-ZIP | MIAMI FL 33015 |
| TITLE | Vice President |
| NAME | Michael FRIEDBERG |
| STREET ADDRESS | 6073 NW 167 ST # C-9 |
| CITY-ST-ZIP | MIAMI FL 33015 |
| TITLE | Luis F Perez - Secretary - |
| NAME | |
| STREET ADDRESS | 6073 NW 167 ST # C-9 |
| CITY-ST-ZIP | MIAMI FL 33015 |
| TITLE | |
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-19-03 305-828-7868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #