

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

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



DOCUMENT #

340368

1. Corporation Name

Ortho-Diagnostic X-ray, Inc.

Principal Place of Business

Mailing Address

1121 Mason Avenue  
Daytona Beach, Florida  
32117

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

January 16, 1969

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-122-7271

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Dr. Shafaat Ahmed

82 Street Address (P.O. Box Number is Not Acceptable)

1121 Mason Avenue

83 Daytona Beach, Florida

84 City

FL

85 Zip Code

32117

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

X *Shafaat Ahmed*

4-29-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President  
NAME Shafaat Ahmed  
STREET ADDRESS 2044 S. Peninsula Drive  
CITY-ST-ZIP Daytona Beach, Florida 32118

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 attachment with an address.

SIGNATURE: X

*Shafaat Ahmed*

4-29-98 1-904-255-7509

CP2E034 (10/97)