


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90132 042 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 660381

1. Corporation Name

FLORIDA X-RAY CORPORATION, INC.

Principal Place of Business

**671 HICKMAN CIRCLE
SANFORD FL 32771**

Mailing Address

**671 HICKMAN CIRCLE
SANFORD FL 32771**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1980

4. FEI Number

59-2005918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business -

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COON, DOUGLAS, M.
671 HICKMAN CIRCLE
SANFORD FL 32771**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☐ DELETE
NAME **COON, JACQUELINE**
STREET ADDRESS **2403 CANTERCLUB TRAIL**
CITY-ST-ZIP **APOPKA FL**

TITLE **PD** ☐ DELETE
NAME **COON, JEFFREY S**
STREET ADDRESS **2844 RED BUD COURT**
CITY-ST-ZIP **DELTONA FL**

TITLE **V** ☐ DELETE
NAME **COON, KEVIN D.**
STREET ADDRESS **6501 RED HOOK PL STE 201**
CITY-ST-ZIP **ST THOMAS US**

TITLE **D** ☐ DELETE
NAME **COON, DOUGLAS M**
STREET ADDRESS **2403 CANTERCLUB TRAIL**
CITY-ST-ZIP **APOPKA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SD ☒ Change ☐ Addition
NAME **COON, JACQUELINE**
STREET ADDRESS **2403 CANTERCLUB TRAIL**
CITY-ST-ZIP **APOPKA, FL 32712**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **T Minns, Sherri M.**
5.3 STREET ADDRESS **23405 Outback Ln**
5.4 CITY-ST-ZIP **EUSTIS, FL 32736**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

Sherri M. Minns **Sherri M. Minns** 1/4/98 407-321-4833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)