

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 660381

FILED
Aug 16, 2002
Secretary of State

Entity Name: FLORIDA X-RAY CORPORATION, INC.

Current Principal Place of Business:

671 HICKMAN CIRCLE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

671 HICKMAN CIRCLE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2005918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOON, KEVIN
1410 FLORAL WAY
APOPKA, FL 32703

Name and Address of New Registered Agent:

COON, KEVIN
1410 FLORAL WAY
APOPKA, FL 32703

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: KEVIN COON

08/16/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COON, JACQUELINE,
Address: 2403 CANTERCLUB TRAIL
City-St-Zip: APOPKA, FL 32712

Title: DVP () Delete
Name: COON, JEFFREY S,
Address: 1041 PINESADOW DR
City-St-Zip: APOPKA, FL 32712

Title: DP () Delete
Name: COON, KEVIN D.,
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: COON, DOUGLAS M,
Address: 2403 CANTERCLUB TRAIL
City-St-Zip: APOPKA, FL 32712

Title: ST () Delete
Name: COON, KATHERINE A
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COON, JACQUELINE,
Address: BEAR HOLLOW ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: DVP (X) Change () Addition
Name: COON, JEFFREY S,
Address: 2801 BELKTON COURT
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COON, DOUGLAS M,
Address: BEAR HOLLOW ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN COON

DP

08/16/2002

Electronic Signature of Signing Officer or Director

Date