

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 660381

FILED  
Apr 08, 2005  
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:

COON, KEVIN  
1410 FLORAL WAY  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: DVP ( ) Delete  
Name: COON, JEFFREY S,  
Address: N49W 16009 LONE OAK LANE  
City-St-Zip: MENOMONEE FALLS, WI 53051

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: BEAR HOLLOW ROAD  
City-St-Zip: MONTICELLO, FL 32344

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition  
Name: COON, JEFFREY S,  
Address: 11960 E. EDGAR ROAD  
City-St-Zip: VESTABURG, MI 48891

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

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

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: KATHERINE A COON

ST

04/08/2005

Electronic Signature of Signing Officer or Director

Date