2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# 660381

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

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: 2801 BELKTON COURT
City-St-Zip: DELTONA, FL 32738

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

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 04/28/2003

Electronic Signature of Signing Officer or Director — Date