

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90024 030 \*\*\*150.00

DOCUMENT # F05000002067

1. Entity Name

TRI STATE X-RAY CORP.



Principal Place of Business

472  
488 KINGS HIGHWAY  
VALLEY COTTAGE NY 10989

Mailing Address

488 KINGS HIGHWAY  
VALLEY COTTAGE NY 10989

2. Principal Place of Business

472 Kings Highway

Suite, Apt. #, etc.

3. Mailing Address

472 Kings Highway

Suite, Apt. #, etc.

City & State

Valley Cottage, NY

City & State

Valley Cottage NY

Zip

10989

Country

USA

Zip

10989

Country

USA

4. FEI Number

13-3786539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE CR2E034 (10/05)



6. Name and Address of Current Registered Agent

CARO, SALVATORE J  
8719 FOREST HILLS BLVD.  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Salvatore J. Caro*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete  
NAME CHIULLI, MICHELE  
STREET ADDRESS 488 KINGS HIGHWAY  
CITY-ST-ZIP VALLEY COTTAGE FL 10989

TITLE SVC ☐ Delete  
NAME CHIULLI, DENNIS L  
STREET ADDRESS 488 KINGS HIGHWAY  
CITY-ST-ZIP VALLEY COTTAGE FL 10989

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dennis L. Chiulli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

845 268 9100

Date

Daytime Phone #