File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	199		To the state of th		Secretary of State DIVISION OF CORPORATIONS			98 MAY -4 PM 12: 26		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								ו אוז סכ	14 11116 CV	
1. Name and Malling Address of Limited Liability Company DOCUMENT # L95000000819							10 Orlocioni Di	ace of Business /	Address	
ALL ONE X-RAY, L.C. P.O. BOX 3356 PINELLAS PARK FL 33780							6775 -	6775 - 102ND AVE NO., UNIT L PINELLAS PARK FL 33781		
Principal Place of Business							3. Date Organiz	red or Qualified	3a. State of Formation	
Suite, Apt			Suite, Ap					1/23/1995 FL		
City & Sta	ile .		City & St	ate			59-3360	0121	Applied For Not Applicable	
Zip	Country		Zip	Zip		5. Date of Last		Report	6. Certificate of Status Desired SB 75 Additional Lee Required	
	7. Name	and Address of Cu	urrent Registered	Agent		Γ ,			torad Ament/Office	
Its registered office or registered agent, or both, in the State of Florida. Such change was a segistered agent, and accept the obligations.						Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc05/07/98-01103-007 *****188.75 ****188.75 City Zip Code bove-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment				
SIGNATU	IRE	(Registered Agent Ac	cepting Appointmont) (N	ating)	DATE					
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code		
MGRM MGRM MGRM MGRM	SCHIMENEK, ANGELA M LANZILOTTA, GAETANO REYNOLDS, DAWN P SCHIMENEK, ERIC L LANZILOTTA, SUSAN FRIEDRICH, MARTIN			5413 4571 1161 5413	37TH 67TH 06TH 37TH	AVENUE AVENUE AVENUE AVENUE AVENUE	NORTH S.W. NORTH	PINELL LARGO ST. PE	TERSBURG FL	

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: