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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M35203** (2)

1. Corporation Name
X-RAY MEDICAL CENTER, INC.



Principal Place of Business

45 PONCE DE LEON BLVD.
CORAL GABLES FL 33135

Mailing Address

45 PONCE DE LEON BLVD.
CORAL GABLES FL 33135

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CHAVEZ, MARIA DE LOS ANGELES
45 PONCE DE LOEN BLVD.
CORAL GABLES FL 33135

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/15/1986

3a. Date of Last Report
06/13/1995

4. FFI Number

59-2813427

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The entity accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent in the captioned corporation.

Signature of Registered Agent (signature required for all filings)

4-2-96 DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **CHAVEZ, MARIA DE LOS A.**

STREET ADDRESS **13336 SW 1ST ST**

CITY-STATE-ZIP **MIAMI FL**

TITLE **VP** [] DELETE

NAME **CHAVEZ, PEDRO**

STREET ADDRESS **5420 N.W. 197 LANE**

CITY-STATE-ZIP **MIAMI FL 33055**

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [] Change [] Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

1. TITLE Change [] Addition

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE [] Change [] Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE [] Change [] Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE [] Change [] Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE [] Change [] Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 DATE

448-3204 Digits

CR2E034 (12/95)