

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M35203

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1986

5. FEI Number

59-2813427

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CHAVEZ, MARIA DE LOS A.	13336 SW 1ST ST	MIAMI FL
VP	CHAVEZ, PEDRO	1342 NW 195TH AVENUE	PEMBROKE PINES FL

000002352150- - 3  
-11/19/97--01089--013  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-12-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #