FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M35203 (2)X-RAY MEDICAL CENTER, INC. Principal Place of Business Mailing Address 45 PONCE DE LEON BLVD. 45 PONCE DE LEON BLVD. CORAL GABLES FL 33135 CORAL GABLES FL 33135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2813427 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHAVEZ, MARIA D 45 PONCE DE LOEN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33135 83 Zíp Code ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the number state of Florida. Such change was authorized by the corporation's board of cliredtors. I hereby accept the appointment as registered the obligation of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered agent, agent, I am familiar with SIGNATURE 13. ERS AND DIRECTORS IN 12 ___ DELETE TITLE 1.1 TITLE □ Change Addition CHAVEZ, MARIA D NAME 1.2 NAME 13336-SW 1ST ST 1.3 STREET AODRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition

6.4 City-ST-ZIP COY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or adoptemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my game appears in Block 12 or Block 13 if changed, or on an attachment with an address.

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

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SITTLE 5.2 NAME

6.1 TITLE

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SIGNATURE:

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CITY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

CHAVEZ, PEDRO

1342 NW 195TH AVENUE

PEMBROKE PINES FL

REQUIRED

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