2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # M35203 1. Entity Name X-RAY MEDICAL CENTER, INC. Principal Place of Business Mailing Address 45 PONCE DE LEON BLVD. CORAL GABLES FL 33135 45 PONCE DE LEON BLVD. CQRAL GABLES FL 33135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-2813427 Not Applicable Country \$8.75 Additional Ζıp Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAVEZ, MARIA D Street Address (P.O. Box Number is Not Acceptable) 45 PONCE DE LOEN BLVD. CORAL GABLES FL 33135 City 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 DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition THLE PD □ Delete TITLE U00000292995 04/08/05-80012-003 150.00 NAME CHAVEZ, MARIA D NAME 13336 SW 1ST ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete THE THE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7/P CITY - SE-7IE ☐ Addition ☐ Delete HILE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition HILE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP Addition ☐ Change HILE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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.

EDNAME OF SIGNING OFFICER OR DIRECTOR

FILED