

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90065 009 ***150.00

DOCUMENT # M35583 1. Entity Name U.S. MEDICAL/RADIOGRAPHIC EQUIPMENT CORP.			
Principal Place of Business 60 E 54 ST. HIALEAH, FL 33013		Mailing Address 60 E 54 ST. HIALEAH, FL 33013	
2. Principal Place of Business 1750 W 39th PL Suite, Apt. #, etc. #1007 City & State HIALEAH, FL Zip 33012 Country USA		3. Mailing Address 1750 W 39th PL Suite, Apt. #, etc. #1007 City & State HIALEAH, FL Zip 33012 Country USA	
4. FEI Number 59-2707267		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, OSCAR 60 E 54 ST. HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1750 W 39th PLACE #1007 City HIALEAH FL Zip Code 33012	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GOMEZ, OSCAR 60 E 54 ST. HIALEAH, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 persons empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02-14-05 (205) 558-9261 Call Daytime Phone #	