

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M42740** (4)

1. Corporation Name
ALLIED MOBILE X-RAY, INC.

Principal Place of Business Mailing Address
8360 W FLAGLER STREET SUITE 207 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/05/1986** 3a. Date of Last Report **08/18/1994**
4. FEI Number **59-2741893** 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**
7. This corporation is not liable for unpaid fees under § 109.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt # etc 26 Suite Apt # etc
22 City & State 27 City & State
23 Zip 28 Zip
24 County 25 County 29 County 30 County

9. Name and Address of Current Registered Agent
**AMAR, ERIC
10800 S.W. 92 AVE.
MIAMI FL 33176**

10. Name and Address of New Registered Agent
81 Name **ERIC AMAR**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **11806 S.W. 108 COURT**
84 City **MIAMI** FL 85 Zip Code **33176**

11. Pursuant to the provisions of Sections 607.0603 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0603, Florida Statutes.

SIGNATURE: *Eric Amar* **ERIC AMAR, PRESIDENT** 4-27-95

12. OFFICERS AND DIRECTORS

1. NAME	P AMAR, ERIC
2. STREET ADDRESS	10800 S.W. 92 AVE.
3. CITY & STATE	MIAMI FL
4. NAME	V WHITMAN, AARON M.
5. STREET ADDRESS	8 PINTA RD.
6. CITY & STATE	MIAMI FL
7. NAME	ST WHITMAN, AARON M.
8. STREET ADDRESS	8 PINTA ROAD
9. CITY & STATE	MIAMI FL
10. NAME	D WHITMAN, LEO
11. STREET ADDRESS	8 PINTA RD.
12. CITY & STATE	MIAMI FL
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0603, Florida Statutes. Further, I certify that the information included on this official report or filing is not an annual report or other periodic report and that my signature shall have the same legal effect as if made under oath. That I am and have been since for at least one year the owner or holder of personal liability for the report as required by Chapter 227, Florida Statutes, and that my name appears in Block 1 of Block 13 of this report, and that I am familiar with and accept the obligations of Section 607.0603, Florida Statutes.

SIGNATURE: *Aaron Whitman* **AARON WHITMAN** 4-27-95 (305) 220-0335