

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M42740

**FILED  
Jun 30, 2006  
Secretary of State**

**Entity Name:** ALLIED MOBILE X-RAY, INC.

**Current Principal Place of Business:**

8360 W FLAGLER STREET  
SUITE 207  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8360 W FLAGLER STREET  
SUITE 207  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 59-2741893      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMAR, ERIC  
11806 S.W. 108 COURT  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AMAR, ERIC,  
Address: 11806 SW 108 CT  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: WHITMAN, AARON M.,  
Address: 14450 SW 163 TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: ST ( ) Delete  
Name: WHITMAN, AARON M.  
Address: 14450 SW 163RD TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: SENA, CATHY  
Address: 1301 NE 104 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete  
Name: WHITMAN, LILLIAN  
Address: 8 PINTA ROAD  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON WHITMAN

V

06/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date