

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M42740

FILED
Jan 05, 2009
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: AMAR, ERIC
Address: 11806 SW 108 CT
City-St-Zip: MIAMI, FL 33176

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 M. WHITMAN

V

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date