

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M48403** (3)

1. Corporation Name

AIM X-RAY AND DIAGNOSTIC CENTER, INC.



Principal Place of Business

**3772 W 12 AVE
HIALEAH FL 33012**

Mailing Address

**3772 W 12 AVE
HIALEAH FL 33012**

3. Date Incorporated or Qualified

03/16/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3908 WEST 12 AVE

26

4. FEI Number

59-2797448

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 HIALEAH FLORIDA

28

Zip

Country

Zip

Country

24 33012

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUNGMAN, MARIO L.
3772 W 12 AVE
HIALEAH FL 33012**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if different, applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐

Change Addition

NAME **JUNGMAN, MARIO L.**
STREET ADDRESS **3772 W 12 AVE**
CITY - ST - ZIP **HIALEAH FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE

☐

Change Addition

NAME **VSD**
STREET ADDRESS **JUNGMAN, MARIO L**
CITY - ST - ZIP **3780 W 12 AVE**
HIALEAH FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE

☐

Change Addition

NAME **TD**
STREET ADDRESS **JUNGMAN, MARIO L**
CITY - ST - ZIP **3780 W 12 AVE**
HIALEAH FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE

☐

Change Addition

NAME
STREET ADDRESS

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐

Change Addition

NAME
STREET ADDRESS

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐

Change Addition

NAME
STREET ADDRESS

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

200001823322
-05/15/96--01099--038
*****200.00**

DM 5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

305

825-2239

Date

Daytime Phone

CR2E034 (12/95)