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FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M48403 (3)

1. Corporation Name

AIM X-RAY AND DIAGNOSTIC CENTER, INC.

Principal Place of Business

3908 WEST 12 AVE.
HIALEAH FL 33012

Mailing Address

3772 W 12 AVE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1987

4. FEI Number

59-2797448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year tangible
Personal Property Tax due June 30. ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Rafael E. Rodriguez, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
9360 Sunset Drive
83 Suite 287
84 City Miami FL 85 Zip Code 33173

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of the person or persons authorized to register the agent and, if applicable, the corporation.

(NOTE: Registered Agent signature required when re-appointing)

DATE

2-28-98 RCB

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVSD
NAME GALENDEZ, ESTHER
STREET ADDRESS 3772 W 12 AVE
CITY-ST-ZIP HIALEAH FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3780 W. 12 Ave.
1.4 CITY-ST-ZIP Hialeah FL 33012 ☒ Change ☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Esther Galeandez

3/10/98

(255) 557 7777

CR2E034 (10/97)