112

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 19 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021385

1. Entity Name

MC X-RAY-SONO, INC.

100021268931
07/02/03--01019--014 **150.00

DO NOT WRITE IN THIS SPACE 03

2. Principal Place of Business	3. Mailing Address
8260 WEST FLAGLER ST. SUITE 1L MIAMI, FL 33144	8260 WEST FLAGLER ST. SUITE 1L MIAMI, FL 33144
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0990555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

CHIRINO, MARGARITA
8260 WEST FLAGLER ST. SUITE 1L
MIAMI, FL 33144

7. Name and Address of Current Registered Agent

Name: CHIRINO, MARIO

Street Address (P.O. Box Number is Not Acceptable): 8260 WEST FLAGLER ST. SUITE 1L

City: MIAMI FL Zip Code: 33144

8. 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: X [signature] 6/17/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT x DELETE	TITLE	PRESIDENT
NAME	CHIRINO, MARGARITA	NAME	CHIRINO, MARIO
STREET ADDRESS	8260 WEST FLAGLER ST. SUITE 1L	STREET ADDRESS	8260 WEST FLAGLER ST. SUITE 1L
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	MIAMI, FL 33144
TITLE		TITLE	SECRETARY
NAME		NAME	CANO, MARIA
STREET ADDRESS		STREET ADDRESS	3430 N.W. 15TH ST.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33133
TITLE		TITLE	TREASURER
NAME		NAME	CARRION, SILVIO
STREET ADDRESS		STREET ADDRESS	7150 S.W. 132ND PL.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33183
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or on attachment with an address, with all other like empowered.

SIGNATURE: X [signature] MARIO CHIRINO President 6/17/03 (305) 540 6205
Name & Capacity Date Daytime Phone #

MB

8/12

MC X-Ray-Sono, Inc.

8260 West Flagler Street, Suite 1L
Miami, FL 33144

June 13, 2003

Secretary of State
Division of Corporations
P.O. BOX 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please be advised that we did not receive any correspondence from your office, hence, why the payment was overlooked. Enclosed, please find a check in the amount of $150.00. If you should have any questions or require additional information, do not hesitate to contact the undersigned. Thank you in advance for your anticipated attention regarding this matter.

Sincerely,

Mario Chirino
President