## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 25, 2002 8:00 am Secretary of State

DOCUMENT # P0100051880  1. Entity Name ADVANCE X-RAY OF PALM BEACH, INC.					ary 01 S 2 90053 025 ***		
Principal Place of Business	Mailing Address	-t					
1100 BARNET DR. SLITE 53	1100 BARNET DR. SUITE	53					
LAKE WORTH FL 33460	LAKE WORTH FL 33460						
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2. Principal Place of Business	3. Mailing Address				(1 <b>88</b> 0))		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State	City & State		4.	FEI Number		oplied For	)
	<del> </del>			65-11034		ot Applicable	4
Zip Country	Zip .	Country	5.	Certificate of Status Desired	\$8.75 Add		1
6. Name and Address of Current F	Registered Agent			Name and Address of New Re	gistered Agent		1
APOL, HERMAN J	<del></del>	Name	APOL	HERMAN	<u>/-J-</u>		<u> </u> -
1705 DONNA RD #17		Street		Box Number is Not Acceptable)	SOE 53		1
WEST PALM BEACH FL 33409		7,50	BL				1
		City	AUG	WORTH	FL 4999	9///	
8. The above named entity submits this statement for	the ournose of changing its r					461	1
$M$ $Q \circ Q$		ميسه		-			
SIGNATURE Signature, typed countribution of registered agent a	undont-/fER	MAN-S	. HPO	·	1/07/0	2	
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This corporation is eligible to satisfy its Intangible     Tax filing requirement and elects to do so.     (See criteria on back)	After May 1, 2002 Make Check Payable		\$550.00	<ol> <li>Election Campaign Fina Trust Fund Contribution.</li> </ol>		May Be I to Fees	
11. OFFICERS AND E	VOCOTORO	12.		DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR		=
TITLE • D							
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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 Block 12 if changed, or on an attachment with an address, with all otherwise empowered.

SIGNATURE: \_

DIJIPHERMAN J. ABOL 1/07/02 561-575-743