2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051880

Entity Name: ADVANCE X-RAY OF PALM BEACH, INC.

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 1100 BARNET DR.
 3599 23RD AVE S.

 SUITE 53
 SUITE 11

LAKE WORTH, FL 33461 LAKE WORTH, FL 33461

Current Mailing Address: New Mailing Address:

1100 BARNET DR. 3599 23RD AVE S.

SUITE 53 SUITE 11 LAKE WORTH, FL 33461 LAKE WORTH, FL 33461

FEI Number: 65-1103476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILLES, TIMMY L PRES

1100 BARNETT DRIVE STE 53

LAKE WORTH, FL 33461 US

GILLES, TIMMY L PRES

3599 23RD AVE S.

LAKE WORTH, FL 33461 US

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: 07/07/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: V (X) Change () Addition Name: APOL, HERMAN J Name: APOL, HERMAN J

 Name:
 APOL, HERMAN J
 Name:
 APOL, HERMAN J

 Address:
 1100 BARNETT DRIVE STE 53
 Address:
 3599 23RD AVE S.

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 LAKE WORTH, FL 33461

Title: P () Delete Title: P (X) Change () Addition Name: GILLES. TIMMY L Name: GILLES. TIMMY L

 Name:
 GILLES, HMMY L
 Name:
 GILLES, HMMY L

 Address:
 1100 BARNETT DR STE 53
 Address:
 3599 23RD AVE S.

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 LAKE WORTH, FL 33461

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 GILLES, MARITZA
 Name:
 GILLES, MARITZA

 Address:
 1100 BARNETT DR STE 53
 Address:
 3599 23RD AVE S.

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 LAKE WORTH, FL 33461

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: TIMMY L. GILLES PRES 07/07/2008