## 2004 FOR PROFIT CORPORATION

## Apr 05, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000071379 1. Entity Name ACCURATE X-RAY SERVICES, INC. Principal Place of Business Mailing Address PO BOX 5268 176 GRANADA DRIVE PALM SPRINGS, FL 33461 LAKE WORTH, FL 33466-5268 CR2E034 (10/03) 01142004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1120742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fea Required 6. Name and Address of Current Registered Agent DO NOT WRITE TUBBS, MICHAEL 176 GRANADA DRIVE PALM SPRINGS, FL 33461 IN THIS SPACE 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. I am familiar with, and accept the obligations of reg en reinstatina) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. Đ TITLE TUBBS, MICHAEL NAME 176 GRANADA DRIVE STREET ADDRESS U00000103783 64/05/04-80071-003 150.00 PALM SPRINGS, FL 33461 CITY - ST - ZIP Đ 3 17 17 TUBBS, ROSEMARIE NAME 176 GRANADA DRIVE STREET ADDRESS CITY -ST - ZIP PALM SPRINGS, FL 33461 TITLE NAME STREET ADDRESS DO NOT WRITE Caty-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CETY -ST-ZIP RILE NAME STREET ADDRESS

12. 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 10 or Block 11 if chapter do not not appear and an address with all other like professored. changed, or on an attachment

SIGNATURE:

CITY - 57 - ZIP 717LE NAME STREET ADDRESS CATY-ST-ZIP

**FILED**