

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 802000004673
1. Entity Name
Diagnostic Mobile Xray, Inc



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -7 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3049 Cleveland Ave
Suite, Apt. #, etc.
103
City & State
FT Myers
Zip
FI Country
USA

3. Mailing Address
3049 Cleveland Ave
Suite, Apt. #, etc.
103
City & State
FT Myers
Zip
33983 Country
USA

DO NOT WRITE IN THIS SPACE

MRS

4. FEI Number
26 0013127 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Jonell Gatz
Street Address (P.O. Box Number is Not Acceptable)
27207 Tierra del Fuego Cir
City
Punta Gorda FL Zip Code
33983

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 registered agent.

SIGNATURE Jonell Gatz Jonell Gatz 08-01-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Steven Gatz	27207 Tierra del Fuego Cir	Punta Gorda, FL 33983
Vice President	Jonell Gatz	27207 Tierra del Fuego Cir	Punta Gorda, FL 33983

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jonell Gatz Jonell Gatz 8-01-03 239-461-9729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Diagnostic Mobile X-Ray, Inc

Mobile X-Ray & EKG Services


3049 Cleveland Ave.
Suite 103
Ft. Myers, FL 33901

STEVE GATZ, R.T.
President

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

²⁰⁰³
This letter is to inform the state that this has been the only notification that our company
has received, we never received a prior notice. We are requesting that the fee be waived.
Enclosed is a check in the amount of the original \$150.00 filing fee.

Thank you for your cooperation in this matter.


Jonell M. Gatz