FILED
May 25, 2004 8:00 am
Secretary of State
04-30-2004 90255 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000030714

1. Entity Name
EXCEL MOBILE X-RAYS, INC.

66423969

Principal Place of Business	Mailing Address
3107 W. HALLENDALE BEACH BLVD., #104 PEMBROKE PINES, FL 33009	3107 W. HALLENDALE BEACH BLVD., #104 PEMBROKE PINES, FL 33009

02062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 20897 NW 16 ST	Suite, Apt. #, etc.: 20897 NW 16 ST
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33029 Country: BROWARD	Zip: 33029 Country: BROWARD

4. FEI Number: 41-2044989 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATINO, LUIZ A 20897 NW 16 STREET PEMBROKE PINES, FL 33029	Name: Morales, Angelo J. Street Address (P.O. Box Number is Not Acceptable): 20897 NW 16 Street City: Pembroke Pines, FL, FL Zip Code: 33029

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: Angelo Morales 4/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST RAMOS, GLADYS 3107 W. HALLENDALE BEACH BLVD., #104 PEMBROKE PARK, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMOS, GLADYS 3107 W. HALLENDALE BEACH BLVD., #104 PEMBROKE PARK, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSTD Morales, Angelo J. 20897 NW 16 ST Pembroke Pines, FL, 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: Angelo Morales 4/4/04 (754) 244-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #