2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000036502

1. Entity Name

KINGS X-RAY EQUIPMENT AND MEDICAL SUPPLY, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90246 014 ***150.00

Principal Place of Busin 3361 MAIDEN VOYAGE JACKSONVILLE FL 3225	CIRCLE NORTH	Mailing Address 3361 MAIDEN VOYAGE (JACKSONVILLE FL 3225	7	
		ch	auga Madins	
2. Principal Place of Bu	siness	3. Mailing Address	Th 5 Th ST	Roet
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State Tacksonville	7/onds	4. FEI Number 02-058 1357 Applied For Not Applicable
Zip	Country	^{Zip} 32250	Country	5. Certificate of Status Desired See Required Fee Required
6. Nai	me and Address of Current F			7. Name and Address of New Registered Agent
			Name	
DATTILO, RONALD W			Street Add	dress (P.O. Box Number is Not Acceptable)
11 FELICIA COURT				, , , , , , , , , , , , , , , , , , ,
PALM COAST FL 32137				,
	grant to the		City	FL Zip Code
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.				
SIGNATURESignature, ty	ped or printed name of registered agent a	, and title if applicable. (NOT	E: Registered Agent signature	required when reinstating) DATE
CILE NOV	V!!! FEE IS \$150.00	,		
After May 1, 2	2003 Fee will be \$550.00 to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE		☐ Delete	TITLE	Rocald On+Kto Change PAddition
NAME			NAME	1. Otion Ct
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Palm () St. FL 32137
TITLE		Delete	TITLE	Palm Coast, FL 3237 STO Change Chang
NAME		CT Delete	NAME	Margaret Anderson
STREET ADDRESS			STREET ADDRESS	ISIN S. SAST
CITY-ST-ZIP			CITY-ST-ZIP	Janksonvill, Berei, F.C. 33250
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP				Change Addition
TITLE NAME		☐ Delete	TITLE NAME	onange naumon
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME - STREET-ADDRESS			== NAME : - STREET ADDRESS	The state of the s
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that	the information supplied with	this filing does not qualify for	or the exemption stated	d 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: 2

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (So4/246-3345 Date Dayline Phone # dHachment 10084287 # P0200036502

This Corporation HAS

NOT done Any Business.

They want I Keep this

NAME of Corpo Current

They ARE NOT Sure if a

When They WILL START

doing my Business.