# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/20

**FILED**
**Jun 17, 2004 8:00 am**
**Secretary of State**
05-03-2004 90671 007 ***150.00

DOCUMENT # P03000011515

1. Entity Name
US X-RAY EQUIPMENT AND SUPPLY, INC.

66428478

| Principal Place of Business | Mailing Address |
|---|---|
| 3361 MAIDEN VOYAGE CIRCLE NORTH<br>JACKSONVILLE, FL 32257 US | 3361 MAIDEN VOYAGE CIRCLE NORTH<br>JACKSONVILLE, FL 32257 US |

04292004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3780 Kori Road | 1818 South 5th Street |
| Suite, Apt. #, etc.<br>Suite 8 | Suite, Apt. #, etc. |
| City & State<br>Jacksonville Florida | City & State<br>Jacksonville, FL |
| Zip<br>32257 | Zip<br>32250 |
| Country<br>Duval | Country<br>Duval |

4. FEI Number
05-0551854
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DATTILO, RONALD W
11 FELICIA COURT
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DATTILO, RONALD W<br>11 FELICIA COURT<br>PALM COAST, FL 32137 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ANDERSON, MARGARET<br>1818 SOUTH 5TH STREET<br>JACKSONVILLE BEACH, FL 32250 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ANDERSON, MARGARET<br>1818 SOUTH 5TH STREET<br>JACKSONVILLE BEACH, FL 32250 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** Margaret S. Anderson 4-30-04 904-993-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

**US XRay Equipment & Supplies, Inc.**

W64284478
#PO3000011515

| Qty. | Catalog No. | Description | Unit Price | Extended Price |
|---|---|---|---|---|
| | | This Report is being Sent Back to you next day due to we did not receive it until June, 27 hope this would make it so we are not charged a late fee of 400.00<br><br>Thank you<br>Margaret S Anderson | | |

Submitted By Date

Customer Approval As Quoted

Customer Signature Date