

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90089 002 ***150.00

DOCUMENT # P03000011515

1. Entity Name

US X-RAY EQUIPMENT AND SUPPLY, INC.



Principal Place of Business

3780 KORI ROAD - SUITE 8
JACKSONVILLE FL 32257
US

Mailing Address

1818 SOUTH 5TH STREET
JACKSONVILLE BEACH FL 32250
US

00001040

2. Principal Place of Business

6541 POWERS AVE
SUITE 12

3. Mailing Address

6541 POWERS AVE
SUITE 12



1st MOORE

CR2E034 (10/04)

City & State

JACKSONVILLE, FL
Zip 32217 Country DUSA

City & State

JACKSONVILLE, FL
Zip 32217 Country DUSA

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

DATTOLO, RONALD W
11 FELICIA COURT
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name: WILLIAM LAMONT ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 1818 SOUTH 5TH STREET
City: JACKSONVILLE FL Zip Code: 32250

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

William Lamont Anderson

2/21/05

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, 2005 Fee Will Be \$550.00

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	P	<input checked="" type="checkbox"/> Delete
NAME	DATTOLO, RONALD W	
STREET ADDRESS	11 FELICIA COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, MARGARET	
STREET ADDRESS	1818 SOUTH 5TH STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME	ANDERSON, MARGARET	
STREET ADDRESS	1818 SOUTH 5TH STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM LAMONT ANDERSON	
STREET ADDRESS	1818 SOUTH 5TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William Lamont Anderson

2/21/05

(904) 246-3345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #