


FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90073 030 ***158.75

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

DOCUMENT # P 03000046540	
1. Entry Name J.R. Diagnostic Imaging Inc	

DO NOT WRITE IN THIS SPACE

24022071

2. Principal Place of Business 236 NW 60 AVENUE Suite, Apt. #, etc.	3. Mailing Address 236 NW 60 AVENUE Suite, Apt. #, etc.
City & State Margate FL	City & State MARGATE FL
Zip 33063 Country USA	Zip 33063 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1074026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name RICHARD GAYLER	
	Street Address (P.O. Box Number is Not Acceptable) 236 NW 60 AV	
	City MARGATE FL	Zip Code 33063

8. The above named entry 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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

3-9-04

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 Richard GAYLER 236 NW 60 AV MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAIME RODRIGUEZ 236 NW 60 AV MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo Guiter Gomez

3-9-04

Daytime Phone #

9545401471

CR2E034B (12/02)