

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90162 005 ***150.00

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1. Entity Name
ALL IMAGES DIAGNOSTIC MEDICAL CENTER, INC.



Principal Place of Business

8300 SW 8TH ST
STE 301
MIAMI, FL 33144

Mailing Address

8300 SW 8TH ST
STE 301
MIAMI, FL 33144

60032372



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3924170

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

URGUELLES, RAUL
8851 NW 119 ST
UNIT 5225
HIALEAH GARDENS, FL 33018

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00

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
P
URGUELLES, RAUL 8851 NW
119 ST - UNIT 5225
HIALEAH GARDENS, FL 33018

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL URGELLES
PRESIDENT

03/01/08 (30)

Date

Daytime Phone #