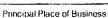
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000071510 1. Entity Name MIAMI X-RAY CENTER, INC.

**FILED** Apr 17, 2008 08:00 Al Secretary of State



SIGNATURE( >

2128 W. FLAGLER ST., SUITE 201

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MIAMI, FL 33135 MIAMI, FL 33135				1 1 <b>1 0</b> (1221 (	 	11 <b># 1</b>	II   II:II	
DO NOT WRITE IN THIS SPACE				03242008 4. FEI Numb 20-494	No Chg-P	CR2E0	34 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				• -				
ROMANO, JOHN 344 MERIDIAN AVE. #2A MIAMI BEACH, FL 33139				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 prined name of registered agent and title 4 applicable. (NOTE: Registered Agent agreed when registered when registered).								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS			l	•		
NAME STREET ADDRESS CITY-ST-/IP TITLE NAME STREET ADDRESS CITY-ST-/IP	PD ROMANO, JOHN 344 MERIDIAN AVE. #2A MIAMI BEACH, FL 33139			` U00000902640 04/30/08-80014-005 150.00				
TITLE NAME STREET ADDRESS ( DITY-ST-ZIP				DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY+SI-ZIP				IN '	THIS SF	PACE		
NAME STREET ADDRESS CHY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
12. Thereby certify that the information supplied with this filling 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.								

NING OFFICER OR DIRECTOR