

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133944

FILED
Apr 14, 2009
Secretary of State

Entity Name: VIVAX-RAY MEDICAL DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

2500 NW 79TH AVE.
SUITE 295
DORAL, FL 33122

New Principal Place of Business:

3750 WEST 16AVE
SUITE 136 U
HIALEAH, FL 33012

Current Mailing Address:

2500 NW 79TH AVE.
SUITE 295
DORAL, FL 33122

New Mailing Address:

3750 WEST 16AVE
SUITE 136U
HIALEAH, FL 33012

FEI Number: 87-0789931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIVAS CABRERA, OSMIN
9417 SW 76 STREET, #X22
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

VIVAS CABRERA, OSMIN
9417 SW 76 STREET,
APT# X-22
MIAMI, FL 33173 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/14/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VIVAS CABRERA, OSMIN
Address: 9417 SW 76 STREET, #X22
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSMIN VIVAS

Electronic Signature of Signing Officer or Director

DIRE

04/14/2009

Date