

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133944

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3750 WEST 16AVE  
SUITE 136 U  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3750 WEST 16AVE  
SUITE 136U  
HIALEAH, FL 33012

**New Mailing Address:**

**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,  
APT# X-22  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: OSMIN VIVAS

P

01/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date