FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057611 (4)**

1. Corporation Name

ACGX-RAY DIAGNOSTIC INC.

Principal Place of Business	Mailing Address
8977 S.W. 123RD COURT APT 205 MIAMI FL 33186	8977 S.W. 123RD COURT APT 205 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/17/1993**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 8810 SW 63 Terrace	26 8810 SW 63 Terrace
Suite, Apt. #, etc. 22 MIAMI	Suite, Apt. #, etc. 27 MIAMI
City & State 23 FL	City & State 28 FL
Zip 24 33143 Country 25 DADE	Zip 29 33143 Country 30 Dade

4. FEI Number: **65-0432210** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARRAI, JUAN C 8977 S.W. 123RD COURT APT. 205 MIAMI FL 33186	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ✓ _____ _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CARRAI, JUAN C	12 NAME	
STREET ADDRESS	8977 S.W. 23RD CT. APT 205	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GONNELLI, RAUL A	22 NAME	
STREET ADDRESS	5041 S.W. 104TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CARLOS, GARRIDO	32 NAME	
STREET ADDRESS	18712 NW 79 CT.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by an attachment with an asterisk.

SIGNATURE: ✓ _____ 3/13/95
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

0204510 CP