

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90152 017 \*\*\*150.00

**DOCUMENT # P93000057611**

1. Entity Name  
**ACGX-RAY DIAGNOSTIC INC.**

Principal Place of Business 7801 CORAL WAY SUITE 131 MIAMI FL 33155 US		Mailing Address 7801 CORAL WAY SUITE 131 MIAMI FL 33155-6538 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARRAI, JUAN C 8977 S.W. 123RD COURT APT. 205 MIAMI FL 33186		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	



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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRAI, JUAN C</b>	NAME	
STREET ADDRESS	<b>15103 S.W. 63RD TERR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33193</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONNELLI, RAUL A</b>	NAME	
STREET ADDRESS	<b>13704 S.W. 51ST TERR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLOS, GARRIDO</b>	NAME	
STREET ADDRESS	<b>18712 NW 79 CT.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Carrai* **2/28/2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)