

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Taraoka B. Washburn
Secretary of State
OFFICE OF CORPORATIONS

APPROVED
FILED

50 MAY 11 AM 8:15

DOCUMENT # **P94000034570 (9)**

1. Corporation Name
SOUTH DADE X-RAYS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business / Mailing Address
**3729 S.W. 8TH ST., SUITE 121
MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/09/1994**
3a. Date of Last Report

2. Principal Place of Business / 2b. Mailing Address

22. State of Incorporation / 27. State of Mailing Address

23. City and State / 28. City and State

24. 25. 29. 30.

4. FEI Number: **65-0488524**
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**

7. This corporation has applied for subchapter S under 1361(b)(3) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRUZ, MARIA E
3729 S.W. 8TH ST., SUITE 121
MIAMI FL 33134**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0601 and 607.1109, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of record 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 Sections 607.0601, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

At

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

12.1 NAME: **P CRUZ, RITA E**
12.2 STREET ADDRESS: **3729 S.W. 8TH ST., SUITE 121**
12.3 CITY AND STATE: **MIAMI FL 33134**

13.1 NAME: Change Addition
13.2 STREET ADDRESS:
13.3 CITY AND STATE:

12.4 NAME: **STD FERREIRO, DANNY E**
12.5 STREET ADDRESS: **8920 S.W. 4TH STREET**
12.6 CITY AND STATE: **MIAMI FL 33174**

13.4 NAME: Change Addition
13.5 STREET ADDRESS:
13.6 CITY AND STATE:

12.7 NAME:
12.8 STREET ADDRESS:
12.9 CITY AND STATE:

13.7 NAME: Change Addition
13.8 STREET ADDRESS:
13.9 CITY AND STATE:

12.10 NAME:
12.11 STREET ADDRESS:
12.12 CITY AND STATE:

13.10 NAME: Change Addition
13.11 STREET ADDRESS:
13.12 CITY AND STATE:

12.13 NAME:
12.14 STREET ADDRESS:
12.15 CITY AND STATE:

13.13 NAME: Change Addition
13.14 STREET ADDRESS:
13.15 CITY AND STATE:

12.16 NAME:
12.17 STREET ADDRESS:
12.18 CITY AND STATE:

13.16 NAME: Change Addition
13.17 STREET ADDRESS:
13.18 CITY AND STATE:

14. I, the undersigned, hereby certify that the information supplied was the filing is voluntarily furnished and does not qualify for the exceptions stated in Sections 119.11(1)(b) Florida Statutes. I further certify that the information indicated on the 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 treasurer or trustee responsible to execute this report as required by Chapter 119, Florida Statutes, and that my name appears on Block 1, or Block 1a (if checked), or on an attachment with an address.

SIGNATURE: *Rita E Cruz*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

President
315 / 207 / 2108