

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # P95000015345 (8)

1. Corporation Name

X-RAY AND MEDICAL SERVICES OF FLORIDA, INC.



Principal Place of Business

17001 SW 78 AVE
MIAMI FL 33157

Mailing Address

17001 SW 78 AVE
MIAMI FL 33157

2. Principal Place of Business

21 7871 N.W. 29TH STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

24 33122

Country

25 USA

2a. Mailing Address

26 7871 N.W. 29TH STREET

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

29 33122

Country

30 USA

3. Date incorporated or Qualified

02/23/1995

3a. Date of Last Report

4. FEI Number

65-0559383

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ETTINGER, LENNY L
17001 SW 78 AVE
MIAMI FL 33157

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 of the person authorized to register the corporation (agent)

NOTE: Registered Agent must be a resident of the State of Florida

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PRESIDENT
NAME LENNY L. ETTINGER
STREET ADDRESS 17001 S.W. 78 AVE
CITY-STATE-ZIP MIAMI, FL 33157

☐ DELETE

TITLE SECY/TREAS.
NAME JACKIE ETTINGER
STREET ADDRESS 17001 S.W. 78 AVE.
CITY-STATE-ZIP MIAMI, FL 33157

☐ DELETE

TITLE V. PRESIDENT
NAME JOHN ETTINGER SR.
STREET ADDRESS 11021 S.W. 163 ST.
CITY-STATE-ZIP MIAMI, FL 33157

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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)(k), 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 on an attachment with an address.

SIGNATURE:

Lenny L. Ettinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96

305-470-2480

Daytime Phone #

CR2E034 (12/95)