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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000015345 (8)

1. Corporation Name

X-RAY AND MEDICAL SERVICES OF FLORIDA, INC.



Principal Place of Business

7871 NW 29TH STREET  
MIAMI FL 33122  
US

Mailing Address

7871 NW 29TH STREET  
MIAMI FL 33122-1103  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

ETTINGER, LENNY L  
17001 SW 78 AVE  
MIAMI FL 33157

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

04/23/1996

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

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

*Lenny L. Ettinger*

Jan 28, 1997

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	LENNY L. ETTINGER	
STREET ADDRESS	17001 SW 78 AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	ST	DELETE
NAME	JACKIE ETTINGER	
STREET ADDRESS	1001 SW 78 AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VP	DELETE
NAME	JOHN ETTINGER, SR.	
STREET ADDRESS	11021 SW 163RD ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	Change	Addition
1.2 NAME	Charles H Gonzalez		
1.3 STREET ADDRESS	1419 Camino Amparo		
1.4 CITY-STATE-ZIP	Albuquerque, NM 87107		
2.1 TITLE	VP	Change	Addition
2.2 NAME	Ernest A. Schofield		
2.3 STREET ADDRESS	6121 Carousal NW		
2.4 CITY-STATE-ZIP	Albuquerque, NM 87120		
3.1 TITLE	VP	Change	Addition
3.2 NAME	J. Chris Aschenbeck		
3.3 STREET ADDRESS	603 Superstition		
3.4 CITY-STATE-ZIP	Rio Rancho, NM 87124		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

14. I do 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 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:

*Jackie Ettinger*

1/28/97

305-238-7636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0162986

CR2E034 (9/96)