PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000024457

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90216 040 ***150.00

X-CEL N	10BILE MEDICAL IMAGIN	IG, INC.							
Principal Plac	e of Business	Mailing Address			1 12011331 \$10 10101 01111 00111 0	MIRI MMANI MMANA ISMIA		 	
190 12TH ST SE NAPLES FL 34117 US		180 12TH ST SE NAPLES FL 34117 US			DO NOT WR	ITE IN THIS SPA	ACE	·	
UŞ		00			3. Date Incorporated or Qualifec				
					03/24/1995				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		ļ	lied For	
21		26			65-0568578			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		8.75 Ac		
City & Stat	te	City & State			6. Election Campaign Financing	П	\$5.00 h	· .	
23		28			Trust Fund Contribution		Added to	Fees	
Zip	- Country	— [—]	Count	ry~ · —	8. This corporation owes the cui		ible Yes	K ÍNo	
24	25]	29	30		Personal Property Tax. 10. Name and Address of New			1140	
	9. Name and Address of Cur	rrent Registered Agent	1	1 Name	10. Name and Address of New	registered /-ge			
BAS	S, RAYMOND L JR.								
2335	5 TAMIAMI TR N		{	2 Street A	Address (P.O. Box Number is Not Accep	table)		ļ	
SUIT	TE 409		1	3		-1107			i
NAP	PLS FL 33940-4459						5 Zip C		
			1	4 City		FL ^{¦°}	15 Zip C	oue	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the abo	ve-named c	corporation submits this statement for the	nurnose of cha	nging its r	egistered istered	
office or i agent. I a SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob Signature, typed or printed name of registered	ate of Florida. Such change was a sligations of, Section 607.0505, Floring and title if applicable. (NOT	authorized i orida Statut E Registered A	es.	quired when reinstating)	purpose of cha ppt the appointment			(60)
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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, with all other like empowered.

SIGNATURE: 🚽