

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026897 (5)

1. Corporation Name

QUALITY MOBILE X-RAY INC.



Principal Place of Business

4350 W. SUNRISE BLVD., #D114
PLANTATION FL 33313

Mailing Address

4350 W. SUNRISE BLVD., #D114
PLANTATION FL 33313

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

2. Principal Place of Business

21 1848 N. University Dr.

2a. Mailing Address

26 1848 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Plantation FL

City & State

Plantation FL

23

28

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIGGS, STEVEN D

4350 W. SUNRISE BLVD., #D114
PLANTATION FL 33313

81

Name

Steven H. Diggs

82

Street Address (P.O. Box Number is Not Acceptable)

1848 N. University Drive

83

84

City

Plantation

FL

85

Zip Code

33322

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 (typed or printed name of registered agent or officer or director)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P/T ☐ Change ☒ Addition
2. NAME Ulee Major
3. STREET ADDRESS 1848 N. University Dr.
4. CITY - ST - ZIP Plantation, FL 33322

2. TITLE VP/S ☐ Change ☒ Addition
2. NAME Steven H. Diggs
2.3 STREET ADDRESS 1848 N. University Dr.
2.4 CITY - ST - ZIP Plantation, FL 33322

3. TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven H. Diggs

4/26/96

(305) 557-7748

DATE

Daytime Phone #

CR2E034 (12/95)