2003 FOR PROFIT SORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2003 8:00 am Secretary of State P95000072226 03-19-2003 90124 001 ***150.00 **DOCUMENT#** 1. Entity Name LAVOD PORTABLE X RAY INC. Principal Place of Business Mailing Address 1393 SW 1ST STREET #210 1393 SW 1ST STREET #210 MIAMI FL 33135 MIAMI FL 33135 3. Mailing Address . .2. Principal Place of Business Suite, Apt. #, etc. Suite, Apr. #, etc. THE CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 65-0608299 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. ECHENIQUE, REYNALDO-Street Address (P.O. Box Number is Not Acceptable) 1393 SW 1 STREET #210 MIAMI FL 33135 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) TILE ☐ Change □ Delete TITLE ECHENIQUE, REYNALDO NAME NAME 1393 SW 1 STREET #210 STREET ADDRESS STREET ADDRESS **MIAMI FL 33135** CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TMI F ☐ Delete TITLE NAME PALACIOS, ALBERTINA 1393 SW 1 STREET #210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135** Change ☐ Addition Delete 🔭 🌁 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition 🔲 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP ☐ Addition Change ∠ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Change ☐ Delete TITLE NAME NAME

12. 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 report or supplemental 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

Albertina

Daytime Phone #

FILED