## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FROFIT COR PORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CCRPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90027 036 \*\*\*150.00

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Corporation Name

DYNAMIC X-RAY, INC.	·			!					
Principal Place of Business Mailing Address					- C30011401 114 10101 14111 Adrit Bair Bans Base ates dies and con con con				
3270 SE 58TH AVE. SUITE 3 OCALA FL 34471		70 SE 58TH AVE. SUITE () (ALA FL 34471		d		DO NOT WRITE IN TH	SIS SPAC	DE .	
					3.	Date Inccrporated or Qualifed 04/20/1998			
2. Principal Flace of Business	}- <del></del> -	Mailing Address			4.	FEI Number 59-3500910		Applied For Not Applicable	
21   Suite, Apt #, etc.	26	Suite, Apt. #, etc.			5.	Certificate of Status Desired		3.75 Additional Fee Required	
City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip Coun 24 25		Zip 30	Country		8.	This corporation owes the current year Persona Property Tax.	In:angibl		
_ `	ress of Current Regis	<del> </del>		<del></del>	_10.	Name and Address of New Register	ed Agent	t	
PODLASKI, JOHN 3270 SE 58TH AVE, SUITE 3			81		Address (P.O. Box Number is Not Acceptable)				
OCALA FL 34471			83			-			
			84	City		F	85	Zip Ccde	
44 Pursuant to the provisions of Se	ctions 607 0502 and 6	07 1508 Florida Statutes, th	e abov	e-named co poi	ratio	submits this statement for the purpose	of chang	ging its registered	

office or registered agent, or both, in the State or 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.

agont	an identification, and desopt this straiget with any area.				
SIGNATURE	Signature, typed or printed haine of registered agent and little if applic	able (NOTI:: R	egistered Agent signature require	d when reinstating) DATE	
	OFFICERS AND DIRECTO		I 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	OF:S IN 12
TITLE	President	DELETE	1.1 TITLE	Change	Additio
	_		1.2 NAME	, <del>_</del>	
NAME	John A. Podlaski				
STREET ADDRESS	10 <del>0</del>		1.3 STREET ADDRESS		
CITY-ST-ZIP	Ocala, FL 34471		1.4 CITY-ST-ZIP		Additio
TITLE	Vice President Rhoda L. Podlaski 3270 S.E. 58th Ave, #3	DELETE	2.1 TITLE	Change	☐ Additio
NAME	Bhoda L. Podlaski		2.2 NAME		
STREET ADDR :SS	3270 S.E. 58th Ave, #3		2.3 STREET ADDRESS		
CITY-ST-ZIP	Ocala, FL 34471		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDITIESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition Addition
NAME			5.2 NAME		
STREET ADD RESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change	Addition Addition
NAME			6.2 NAME		
STREET ADI RESS	,		6.3 STREET ADDRESS		
			64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 attractment with an address, with all other like empowered.

Applicable