


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000093666  
1. Entity Name  
K.S.R. X-RAY SUPPLIES, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
3850 HOLLYWOOD ~~BLVD~~ BLVD P.O. BOX 970668  
#204 BOCA RATON, FL 33497  
HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0874066** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
KATSFF, ROBERT  
12790 YARDLEY DRIVE  
BOCA RATON, FL 33428

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, RICHARD 12415 CASADES POINTE DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KATSOFF, ROBERT 12790 YARDLEY DRIVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/31/05-80043-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:  Daytime Phone #: 