


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90049 022 ***150.00

DOCUMENT # V55247			
1. Entity Name X-RAY AND DIAGNOSTIC, INC.			
Principal Place of Business 2901 NW 7 ST MIAMI FL 33134 US		Mailing Address 2901 N.W. 7TH STREET 2901 NW 7 ST MIAMI FL 33134 US	
2. Principal Place of Business		3. Mailing Address 2903 NW. 7 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
33125	USA	33125	USA
6. Name and Address of Current Registered Agent RASSE, NELSON 2901 NW 7 ST MIAMI FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2903 NW. 7 ST. City Miami FL Zip Code 33125	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASSE, NELSON 2901 NW 7 ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rasse Nelson 2903 NW. 7 ST Miami FL. 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT RASSE, NORMA 2903 NW 7 ST Miami, FL. 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

94015079



MOORE CR2E034 (11/03)

4. FEI Number **65-0546996** Applied For ☐ Not Applicable ☐

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 305.643 2828
Date Daytime Phone #