

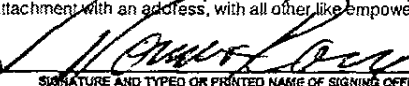


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V55247</b> 1. Entity Name X-RAY AND DIAGNOSTIC, INC.			
Principal Place of Business 10895 NW 21 ST MIAMI, FL 33172 US		Mailing Address 10895 NW 21 ST MIAMI, FL 33172 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 02072006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0546996	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  RASSE, NELSON 7262 SW 122 CT MIAMI, FL 33183		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	P		
NAME	RASSE, NELSON		
STREET ADDRESS	7262 SW 122 CT		
CITY-STATE-ZIP	MIAMI, FL 33183		
TITLE	ST		
NAME	RASSE, NORMA		
STREET ADDRESS	7262 SW 12 CT		
CITY-STATE-ZIP	MIAMI, FL 33183		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		2/7/06 305 295 1980	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	