

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M42740

**Entity Name:** ALLIED MOBILE X-RAY, INC.

**Current Principal Place of Business:**

8360 W FLAGLER STREET  
SUITE 207  
MIAMI, FL 33144

**Current Mailing Address:**

8360 W FLAGLER STREET  
SUITE 207  
MIAMI, FL 33144

**FEI Number:** 59-2741893

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMAR, ERIC  
11806 S.W. 108 COURT  
MIAMI, FL 33176 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name AMAR, ERIC  
Address 11806 SW 108 CT  
City-State-Zip: MIAMI FL 33176

Title V  
Name WHITMAN, AARON M  
Address 14450 SW 163 TERRACE  
City-State-Zip: MIAMI FL 33177

Title ST  
Name WHITMAN, AARON M  
Address 14450 SW 163RD TERRACE  
City-State-Zip: MIAMI FL 33177

Title D  
Name SENA, CATHY  
Address 1301 NE 104 STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title D  
Name AMAR, ERIC  
Address 11806 SW 108 CT  
City-State-Zip: MIAMI FL 33176

Title D  
Name WHITMAN, AARON M.  
Address 14450 SW 163 TER  
City-State-Zip: MIAMI FL 33177

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AARON WHITMAN

**VICE PRESIDENT**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date