

2017 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

03/14/2017

Electronic Signature of Signing Officer/Director Detail

Date