

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000133944

**Entity Name:** VIVAX-RAY MEDICAL DIAGNOSTIC CENTER, INC.

**Current Principal Place of Business:**

3750 WEST 16AVE  
SUITE 136 U  
HIALEAH, FL 33012

**Current Mailing Address:**

3750 WEST 16AVE  
SUITE 136U  
HIALEAH, FL 33012

**FEI Number:** 87-0789931

**Certificate of Status Desired:** No

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

VIVAS CABRERA, OSMIN  
9417 SW 76 STREET,  
APT# X-22  
MIAMI, FL 33173 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 D  
Name VIVAS CABRERA, OSMIN  
Address 9417 SW 76 STREET, #X22  
City-State-Zip: MIAMI FL 33173

*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:** VIVAS CABRERA, OSMIN

**PRESIDENT**

**04/21/2015**

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

\_\_\_\_\_  
Date