

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000133944

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

**Current Principal Place of Business:**

3750 WEST 16 AVE  
SUITE 204-206  
HIALEAH, FL 33012

**Current Mailing Address:**

3750 WEST 16 AVE  
SUITE 204-206  
HIALEAH, FL 33012 US

**FEI Number:** 87-0789931

**Certificate of Status Desired:** No

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

VIVAS CABRERA, OSMIN  
7531 SW 114TH CT  
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        7531 SW 114TH CT  
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**

**02/17/2021**

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

\_\_\_\_\_  
Date