

United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

AGUADILLA X RAY OFFICE & BODY IMAGING

Chapter **11**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **225.00/hr**

Prior to the filing of this statement I have received \$ **7,000.00**

Balance Due \$ _____

2. The source of the compensation paid to me was: Debtor Other (specify):

3. The source of compensation to be paid to me is: Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

© 1993-2011 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 23, 2011

Date

/s/ Antonio Fiol Matta, Esq.

Antonio Fiol Matta, Esq. 201501
Antonio Fiol Matta
Law Offices
1561 Ave. Americo Miranda
San Juan, PR 00921-2018
(787) 792-4368 Fax: (787) 792-4763
afiollaw@onelinkpr.net

United States Bankruptcy Court District of Puerto Rico		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): AGUADILLA X RAY OFFICE & BODY IMAGING		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): dba AGUADILLA XRAY BODY IMG CENTER PSC		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 66-0646579		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): CALLE PROGRESO #2 & 3 OFICINA 401- 402 AGUADILLA, PR		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE 00605		ZIPCODE
County of Residence or of the Principal Place of Business: Aguadilla		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address) P. O. BOX 418 AGUADILLA, PR		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE 00605		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): CALLE PROGRESO #2 & 3, OFICINA 401- 402, AGUADILLA, PR		ZIPCODE 00605
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): AGUADILLA X RAY OFFICE & BODY IMAGING
---	--

Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: None	Case Number:	Date Filed:
--------------------------------------	--------------	-------------

Location Where Filed:	Case Number:	Date Filed:
--------------------------	--------------	-------------

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: None	Case Number:	Date Filed:
--------------------------------	--------------	-------------

District:	Relationship:	Judge:
-----------	---------------	--------

<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: center;">X _____ Signature of Attorney for Debtor(s) Date</p>
---	---

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.
 No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.

Information Regarding the Debtor - Venue
(Check any applicable box.)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord or lessor that obtained judgment)

(Address of landlord or lessor)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

AGUADILLA X RAY OFFICE & BODY IMAGING

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Antonio Fiol Matta, Esq.

Signature of Attorney for Debtor(s)

Antonio Fiol Matta, Esq. 201501
Antonio Fiol Matta
Law Offices
1561 Ave. Americo Miranda
San Juan, PR 00921-2018
(787) 792-4368 Fax: (787) 792-4763
afiollaw@onelinkpr.net

February 23, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ DR. JOSE E. RIVERA RODRIGUEZ

Signature of Authorized Individual

DR. JOSE E. RIVERA RODRIGUEZ

Printed Name of Authorized Individual

PRESIDENT

Title of Authorized Individual

February 23, 2011

Date

**United States Bankruptcy Court
District of Puerto Rico**

IN RE:

Case No. _____

AGUADILLA X RAY OFFICE & BODY IMAGINGChapter **11**

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708				3,750,000.00 Collateral: 0.00 Unsecured: 3,750,000.00
CRIM OFICINA CENTRAL PO BOX 195387 SAN JUAN, PR 00919-5387		TAXES		192,518.70
PHILIPS MEDICAL SYSTEMS 200 WINSTON CHURCHILL AVE. SUITE 302 SAN JUAN, PR 00926-6650				177,305.34
ALPHA BIOMEDICAL & DIAGNOSTIC PO BOX 670 CAGUAS, PR 00726				144,690.42
MEDINTEK CORP. 352 AVENIDA SAN CLAUDIO PMB 242 SAN JUAN, PR 00926-6650				50,283.00
DIAGNOSTIC IMAGING SUPPLIES & SERVICES PO BOX 11923 SAN JUAN, PR 00922-1923				46,444.49
INTERNATIONAL CYCLOTRON PO BOX 364443 SAN JUAN, PR 00936-4443				4,282.02
CARMEN FONT 15270 NORTH WEST 7 TH. ST. PENBROKE PINES, FL 33028				2,400.00
DAVID RHOE PASEO DE LA FUENTE D-4 CALLE TIVOLI SAN JUAN, PR 00936-6650				2,000.00
AUTORIDAD DE ENERGIA ELECTRICA PO BOX 363508 SAN JUAN, PR 00936-3508				1,654.76
AERONET WIRELESS PO BOX 270013 SAN JUAN, PR 00927-0013				1,609.40
DIAGNOSTIC IMAGING MEDICAL SYSTEMS PO BOX 11923 SAN JUAN, PR 00922-1923				1,539.64
IMPRENTA EMMANUEL PO BOX 551 MOCA, PR 00676				1,123.50

LANTHEUS RADIOPHARMACEUTICALS 150 FEDERICO ACOSTA STREET, SUITE 1 SAN JUAN, PR 00918-1303	899.94
ELSEVIER 6277 SEA HARBOR DRIVE ORLANDO, FL 32887-4800	874.00
BETTER LIFE PO BOX 2055 SUITE 1 PMB 209 AVE.PEDRO ABIZU CAMPOS AGUADILLA, PR 00603-6083	738.74
IMAGE FIRST URB. LOS LAURELES CALLE ALELI #66 CAYEY, PR 00736	725.47
JUNTA DE DIRECTORES AGUADILLA MEDICAL APARTADO 964 AGUADILLA, PR 00605	720.00
WESTERN PAPER PO BOX 3996 AGUADILLA, PR 00605	542.09
NEPTUNO MEDIA PO BOX 191995 SAN JUAN, PR 00919-1995	499.00

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: February 23, 2011 Signature: /s/ DR. JOSE E. RIVERA RODRIGUEZ

DR. JOSE E. RIVERA RODRIGUEZ, PRESIDENT

(Print Name and Title)

United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

AGUADILLA X RAY OFFICE & BODY IMAGING

Chapter 11

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: February 23, 2011

Signature: /s/ DR. JOSE E. RIVERA RODRIGUEZ
DR. JOSE E. RIVERA RODRIGUEZ, PRESIDENT

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

AGUADILLA X RAY OFFICE & BODY
IMAGING
P. O. BOX 418
AGUADILLA, PR 00605

CRIM
OFICINA CENTRAL
PO BOX 195387
SAN JUAN, PR 00919-5387

JUNTA DE DIRECTORES AGUADILLA
MEDICAL
APARTADO 964
AGUADILLA, PR 00605

Antonio Fiol Matta
Law Offices
1561 Ave. Americo Miranda
San Juan, PR 00921-2018

DAVID RHOE
PASEO DE LA FUENTE
D-4 CALLE TIVOLI
SAN JUAN, PR 00936-6650

LA ESCUELA EN TU CASA
2053 AVE. PEDRO ALBIZU ST. 2
PMB 252
AGUADILLA, PR 00603-6083

AERONET WIRELESS
PO BOX 270013
SAN JUAN, PR 00927-0013

DIAGNOSTIC IMAGING MEDICAL SYSTEMS
PO BOX 11923
SAN JUAN, PR 00922-1923

LANTHEUS RADIOPHARMACEUTICALS
150 FEDERICO ACOSTA STREET, SUITE 1
SAN JUAN, PR 00918-1303

ALPHA BIOMEDICAL & DIAGNOSTIC
PO BOX 670
CAGUAS, PR 00726

DIAGNOSTIC IMAGING SUPPLIES &
SERVICES
PO BOX 11923
SAN JUAN, PR 00922-1923

MALLINCKRODT CARIBE, INC.
PO BOX 71416
SAN JUAN, PR 00605

AUTORIDAD DE ACUEDUCTOS Y
ALCANTARILLADO
PO BOX 70101
SAN JUAN, PR 00936-8101

ELSEVIER
6277 SEA HARBOR DRIVE
ORLANDO, FL 32887-4800

MEDINTEK CORP.
352 AVENIDA SAN CLAUDIO PMB 242
SAN JUAN, PR 00926-6650

AUTORIDAD DE ENERGIA ELECTRICA
PO BOX 363508
SAN JUAN, PR 00936-3508

FARMACIA FERRARI
PO BOX 6
AGUADILLA, PR 00605

NEPTUNO MEDIA
PO BOX 191995
SAN JUAN, PR 00919-1995

BANCO POPULAR DE PR
PO BOX 362708
SAN JUAN, PR 00936-2708

HORMIGUEROS EXTERMINATING
PROLONGACION ORIENTE #7
HORMIGUEROS, PR 00660

NFO DATA LINK
SUITE 304
1075 BROAD RIPPLE AVE.
INDIANAPOLIS, IN 46220

BETTER LIFE
PO BOX 2055
SUITE 1 PMB 209 AVE. PEDRO ABIZU
CAMPOS
AGUADILLA, PR 00603-6083

IMAGE FIRST
URB. LOS LAURELES
CALLE ALELI #66
CAYEY, PR 00736

PHILIPS MEDICAL SYSTEMS
200 WINSTON CHURCHILL AVE. SUITE 302
SAN JUAN, PR 00926-6650

CARMEN FONT
15270 NORTH WEST
7 TH. ST.
PENBROKE PINES, FL 33028

IMPRENTA EMMANUEL
PO BOX 551
MOCA, PR 00676

PITNEY BOWES PUERTO RICO
PO BOX 9020524
SAN JUAN, PR 00902-0524

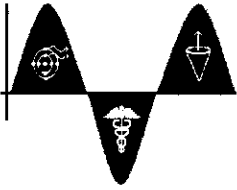
CHOICE CABLE TV
PO BOX 5229
AGUADILLA, PR 00605

INTERNATIONAL CYCLOTRON
PO BOX 364443
SAN JUAN, PR 00936-4443

SPOT ON HOLD
PO BOX 1836
MAYAGUEZ, PR 00681-1836

**THE PUERTO RICO YELLOW PAGES
530 AVE. DE LA CONSTITUCION
SAN JUAN, PR 00901-2304**

**WESTERN PAPER
PO BOX 3996
AGUADILLA, PR 00605**



Aguadilla X Ray Office & Body Imaging Center, PSC

Aguadilla Medical Building, Ofic. 302, Progreso #2 y #3
P.O. Box 418, Aguadilla, PR 00605
Tel/Fax 787-891-6165 - Imaging Center 787-891-6565, Fax 787-891-6566

RESOLUCIÓN CORPORATIVA

Mediante Reunión Extraordinaria celebrada el Jueves 17 de febrero de 2011, La Junta de Directores de Aguadilla-X Ray Office & Body Imaging Center decidió contratar los servicios del Lic. Antonio Fiol-Matta para acogerse a la protección del Capítulo 11 de la Ley de Quiebras (Reorganización).

Firmado hoy, 17 de febrero de 2011, en Caguas, Puerto Rico.

José E. Rivera Rodríguez, MD
PRESIDENTE

Annette Feliciano Aquino
SECRETARIA



SELLO CORPORATIVO