2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F00000004444 07-12-2005 90038 042 ***558.75 DIGIRAD IMAGING SOLUTIONS, INC. Principal Place of Business Mailing Address 9350 TRADE PLACE 9350 TRADE PLACE -20062859 SAN DIEGO, CA-92126 -SAN DIEGO, CA -92126 2. Principal Place of Business 3. Mailing Address 12950 Stowe De 3950 Suite, Apt. #, etc 07062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 33-0919092 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPAMERICA, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed game of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Addition ☐ Change Delete SHEEHAN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 9350 TRADE PLACE CITY-ST-ZIP SAN DIEGO, CA 921266334 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition de Toda NAME NAME Transcot STREET ADDRESS STREET ADDRESS Deer 16290 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and according that my 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 trusted empowered to procure this property as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trusted empowered to changed, or on an attachment with an address SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 12, 2005 8:00 am

Davime Phone #