FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90126 006 ***150.00

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DOCUMENT # H16626

1. Corporation Name
DIAGNOSTIC SERVICES, INC.

Principal Place of Business	Mailing Address
C/O THOMAS R. BROWN 2660 AIRPORT ROAD SOUTH NAPLES FL 33962	C/O THOMAS R. BROWN 2660 AIRPORT ROAD SOUTH NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1984

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2444103 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, THOMAS R.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRONE, WILLIAM G.		1.2 NAME		
STREET ADDRESS	350 7 ST NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HOWARD, HUBERT E.		2.2 NAME		
STREET ADDRESS	350 7 ST NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	MORTON, EDWARD A.		3.2 NAME		
STREET ADDRESS	350 7 ST NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	C/D	☒ Change ☐ Addition
NAME	GAMBLE, DELORES		4.2 NAME		
STREET ADDRESS	350 7TH ST NO		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	COX, JOE B		5.2 NAME	Myers, Richard C.	
STREET ADDRESS	3001 TAMIAMI TRAIL NO		5.3 STREET ADDRESS	350 7th Street No.	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples FL 34102	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PRESTON, ERNEST		6.2 NAME		
STREET ADDRESS	350 7TH ST NO		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward A. Morton 4/20/99 941-436-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H166626
532088.90126.6

1999-2000 Board of Directors
Diagnostic Services, Inc.

Pobletts, Cynthia
350 7th Street No.
Naples, FL 34102
Assistant Secretary