2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # H16626 04-29-2005 90201 001 ***150.00 1. Entity Name DIAGNOSTIC SERVICES, INC. Principal Place of Business Mailing Address 350 7TH STREET NORTH 350 7TH STREET NORTH NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2444103 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, KEVIN Street Address (P.O. Box Number is Not Acceptable) 350 7TH STREET NORTH NAPLES, FL 34102 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, TDC Z Delete D TITLE ☐ Change X Addition TITLE NAME SENEKER, STANLEY NAME Baker, Jay 350 7th Street North STREET ADDRESS 350 7 ST NORTH STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34102 SITID D TITLE ☐ Delete TITLE X Change ■ Addition CENSITS, RICHARD NAME NAME STREET ADDRESS 350 7 ST NORTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP CEOS Delete Change ☐ Addition TITLE (EO MORTON, EDWARD A. NAME NAME 350 7 ST NORTH STREET ADDRESS STREET ADDRESS NAPLES, FL CITY-ST-ZIP CITY-ST-ZIP TITLE AS ☐ Delete TITLE Change ☐ Addition BENNETT, CYNTHIA NAME NAME STREET ADDRESS 350 7TH ST. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PERKOVICH, JOSEPH NAME NAME STREET ADDRESS 350 7TH STREET NO. STREET ADDRESS CITY-ST-7IP NAPLES, FL 34102 CITY-ST-ZIP X Delete ☐ Change TITLE X Addition TITLE PETTIT, RAYMOND NAME NAME Dernbach, Paul, M.D. STREET ADDRESS 350 7TH ST NO STREET ADDRESS 350 7th Street North CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP Naples, FL 34102 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

4/25/05

(239) 436-5100

FILED

Edward A. Morton, CEO

RE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: