

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90158 035 ***150.00

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04182006 Chg-P CR2E034 (11/05)

DOCUMENT # H16626 1. Entity Name DIAGNOSTIC SERVICES, INC.					
Principal Place of Business 350 7TH STREET NORTH NAPLES, FL 34102			Mailing Address 350 7TH STREET NORTH NAPLES, FL 34102		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 727 Suite, Apt. #, etc.			
City & State Zip		City & State Naples, FL Zip 34106		4. FEI Number 59-2444103 Applied Fee Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent COOPER, KEVIN 350 7TH STREET NORTH NAPLES, FL 34102	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BAKER, JAY 350 7 ST NORTH NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD CENSITS, RICHARD 350 7 ST NORTH NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO MORTON, EDWARD A. 350 7 ST NORTH NAPLES, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP&General Counsel Cooper, Kevin 350 7th Street North Naples, FL 34102 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS BENNETT, CYNTHIA 350 7TH ST. NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PERKOVICH, JOSEPH 350 7TH STREET NO. NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DERNBACH, PAUL MD 350 7TH ST NO NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u><i>[Signature]</i></u> VP/General Counsel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/25/06 239-436-5100 Daytime Phone #		