

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005203

Entity Name: U.S. LAB & RADIOLOGY, INC.**Current Principal Place of Business:**930 RIDGEBROOK ROAD
3RD FLOOR
SPARKS, MD 21152**Current Mailing Address:**ATTN: VINCE FORGIONE
930 RIDGEBROOK RD
SPARKS, MD 21152**FEI Number:** 04-3304988**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	GLYNN, WILLIAM
Address	101 ROCK RD
City-State-Zip:	HORSHAM PA 19044

Title	VPS
Name	MORRISON, ALAN
Address	101 WEST AVENUE, SUITE 300
City-State-Zip:	JENKINTOWN PA 19046

Title	VP
Name	ZINGARELLI, ANTHONY
Address	101 WEST AVENUE, SUITE 300
City-State-Zip:	JENKINTOWN PA 19046

Title	D
Name	PARRISH, MARK
Address	101 ROCK ROAD
City-State-Zip:	HORSHAM PA 19044

Title	CFO
Name	LANIER, JOHN
Address	930 RIDGEBROOK ROAD, 3RD FLR
City-State-Zip:	SPARKS MD 21152

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LANIER

CFO

04/28/2014

Electronic Signature of Signing Officer/Director Detail_____
Date