
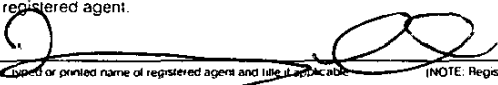
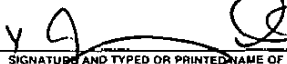


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90031 041 ***150.00

DOCUMENT # 581257			
1. Entity Name RADIOLOGY COMMODITIES & CONSULTANTS, INC.			
Principal Place of Business 7101 W. MCNAB ROAD 201 TAMARAC, FL 33321 US		Mailing Address 7101 W. MCNAB ROAD 201 TAMARAC, FL 33321 US	
2. Principal Place of Business 791 SW 75 TERR. Suite, Apt. #, etc. Plantation, FL City & State 33317		3. Mailing Address SAME Suite, Apt. #, etc. City & State	
4. FEI Number 59-1845325		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07132005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MILLER, JERRY 7101 W MCNAB ROAD SUITE 201 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: MILLER, JERRY Street Address (P.O. Box Number is Not Acceptable): 791 SW 75 TERRACE City: PLANTATION, FL Zip Code: FL 33317	
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:  (NOTE: Registered Agent signature required when re-registering) DATE: 7-28-05			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JERRY 791 S.W. 75TH TERRACE PLANTATION, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMADO, ANNE 5234 NW 110 AVE CORAL SPRINGS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:  JERRY MILLER, PRESIDENT		Date: 954-462-4165 Daytime Phone #	

50059160

