


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 581257 1. Entity Name RADIOLOGY COMMODITIES & CONSULTANTS, INC.	
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Principal Place of Business 791 SW 75 TERRACE PLANTATION FL 33317 US	Mailing Address 791 SW 75 TERRACE PLANTATION FL 33317 US
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.	3. Mailing Address State, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1845325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, JERRY 791 SW 75 TERRACE PLANTATION FL 33317

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL Zip Code
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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 label or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when submitting a...

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> Delete NAME PSD MILLER, JERRY STREET ADDRESS 791 S.W. 75TH TERRACE CITY- ST- ZIP PLANTATION FL	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	U00000893495 04/23/08-80109-010 150.00
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **4-09-08** **954-646-4781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #