2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# F03000005322

Entity Name: SYMPHONY DIAGNOSTIC SERVICES NO. 1, INC.

Current Principal Place of Business:

920 RIDGEBROOK ROAD
SPARKS, MD 21152

New Principal Place of Business:

Current Mailing Address:

920 RIDGEBROOK ROAD
SPARKS, MD 21152

New Mailing Address:

FEI Number: 95-3268980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GLYNN, WILLIAM
Address: 185 WITMER ROAD
City-St-Zip: HORSHAM, PA 19044

Title: STD ( ) Delete
Name: ZINGARELLI, ANTHONY
Address: 101 WEST AVE., SUITE 300
City-St-Zip: JEKINTOWN, PA 19046

Title: D ( ) Delete
Name: MORRISON, ALAN
Address: 101 WEST AVE., SUITE 300
City-St-Zip: JEKINTOWN, PA 19046

Title: D ( ) Delete
Name: GLYNN, WILLIAM
Address: 185 WITMER ROAD
City-St-Zip: HORSHAM, PA 19044

Title: VP ( ) Delete
Name: GOMEZ, DIANNA L VICE PR
Address: 920 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANNA GOMEZ VP 01/03/2007

Electronic Signature of Signing Officer or Director — Date