2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# F08000000440

Entity Name: RADIOLOGIC ENTERPRISES, INC.

Current Principal Place of Business:

2810 16TH ST. NE
HICKORY, NC 28601

New Principal Place of Business:

Current Mailing Address:

2810 16TH ST. NE
HICKORY, NC 28601

New Mailing Address:

FEI Number: 56-1761878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: DECKER, JEFFREY A
Address: 2810 16TH ST. NE
City-St-Zip: HICKORY, NC 28601

Title: VPS ( ) Delete
Name: ESKRIDGE, CLYDE
Address: 2810 16TH ST. NE
City-St-Zip: HICKORY, NC 28601

Title: C ( ) Delete
Name: WATERS, DAVID M
Address: 2810 16TH ST. NE
City-St-Zip: HICKORY, NC 28601

Title: T ( ) Delete
Name: ELLER, SCOTT
Address: 2810 16TH ST. NE
City-St-Zip: HICKORY, NC 28601

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: KRASKA, LARRY
Address: 5901 BROKEN SOUND PARKWAY STE 500
City-St-Zip: BOCA RATON, FL 33487

Title: S (X) Change ( ) Addition
Name: MCCOLPIN, PAT
Address: 524 E. LAMAR BLVD STE 300
City-St-Zip: ARLINGTON, TX 76011

Title: T (X) Change ( ) Addition
Name: MCCOLPIN, PAT
Address: 524 E. LAMAR BLVD STE 300
City-St-Zip: ARLINGTON, TX 76011

Title: D ( ) Change (X) Addition
Name: LIVONIUS, BOB
Address: 524 E. LAMAR BLVD STE 300
City-St-Zip: ARLINGTON, TX 76011

Title: D ( ) Change (X) Addition
Name: FRIEDRICHS, CHRIS
Address: 524 E. LAMAR BLVD STE 300
City-St-Zip: ARLINGTON, TX 76011

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY DECKER PD 03/11/2009

Electronic Signature of Signing Officer or Director — Date