

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16626

FILED  
Jul 11, 2008  
Secretary of State

Entity Name: DIAGNOSTIC SERVICES, INC.

## Current Principal Place of Business:

430 S SPRING STREET  
BURLINGTON, NC 27215

## New Principal Place of Business:

## Current Mailing Address:

430 S SPRING STREET  
BURLINGTON, NC 27215

## New Mailing Address:

FEI Number: 59-2444103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH COMPANY, LTD,  
515 EAST 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: D ( ) Delete  
Name: BAKER, JAY  
Address: 350 7 ST NORTH  
City-St-Zip: NAPLES, FL 34102

Title: STD ( ) Delete  
Name: STEDEM, EDWIN  
Address: 350 7 ST NORTH  
City-St-Zip: NAPLES, FL 34102

Title: GCCS ( ) Delete  
Name: COOPER, KEVIN  
Address: 350 7TH ST NORTH  
City-St-Zip: NAPLES, FL 34102

Title: AS ( ) Delete  
Name: MARTIN, BETH A  
Address: 350 7TH ST.  
City-St-Zip: NAPLES, FL 34102

Title: VCD (X) Delete  
Name: PERKOVICH, JOSEPH  
Address: 350 7TH STREET NO.  
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete  
Name: DERNBACH, PAUL MD  
Address: 350 7TH ST NO  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SMITH, BRADFORD  
Address: 430 S SPRING STREET  
City-St-Zip: BURLINGTON, NC 27215

Title: TREA (X) Change ( ) Addition  
Name: HAYES, WILLIAM  
Address: 231 MAPLE AVENUE  
City-St-Zip: BURLINGTON, NC 27215

Title: SECY (X) Change ( ) Addition  
Name: SMITH, BRADFORD  
Address: 430 S SPRING STREET  
City-St-Zip: BURLINGTON, NC 27215

Title: DIR (X) Change ( ) Addition  
Name: SMITH, BRADFORD T  
Address: 430 S SPRING STREET  
City-St-Zip: BURLINGTON, NC 27215

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 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: WILLIAM B HAYES

TREA

07/11/2008

Electronic Signature of Signing Officer or Director

Date