
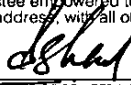


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90031 018 ***150.00

| | | | | | |
|--|---|---|--|--|--|
| DOCUMENT # L85506 1. Entity Name COMMUNITY RADIOLOGY SERVICES, INC. | | | |  | |
| Principal Place of Business C/O C.P. SHAH M.D. 2250 DREW ST CLEARWATER, FL 33765 | | | | Mailing Address 4918 ST CROIX DR TAMPA, FL 33629 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 5157 W. SAN JOSE ST. Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3028083 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SHAH, C P 4918 SAINT CROIX DRIVE TAMPA, FL 33629 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5157 W. SAN JOSE ST. City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHAH, C.P. 4918 ST CROIX DR TAMPA, FL 33629 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5157 W. SAN JOSE ST. TAMPA, FL, 33629. | |
| 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 exemptions contained 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 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:  | | | 3-17-06 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |