


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**2 Feb 22, 2007 8:00 am
Secretary of State**

02-02-2007 90009 042 ***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 5157 WEST SAN JOSE STREET TAMPA, FL 33629 | |
| DO NOT WRITE IN THIS SPACE | | |
| 4. FEI Number 59-3028083 | | 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 SHAH, C P 5157 WEST SAN JOSE STREET TAMPA, FL 33629 | | |
| DO NOT WRITE IN THIS SPACE | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SHAH, C.P. 5157 WEST SAN JOSE STREET TAMPA, FL 33629 | |
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| 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 my address, with all other like empowered. | | |
| SIGNATURE: <u><i>C.P. SHAH MD</i></u> <i>President Feb 2007</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

727-724-5622