

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91536

FILED
Mar 18, 2007
Secretary of State

Entity Name: MOBILE RADIOLOGY AND EKG SERVICE, INC.

Current Principal Place of Business:

13773 ICOT BLVD
502
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

PO BOX 17159
CLEARWATER, FL 337620159

New Mailing Address:

FEI Number: 59-3022423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTWRIGHT, RANDALL
13773 ICOT BLVD SUITE 502
CLEARWATER, FL 33760 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: CD () Delete
Name: BELT, GWEN M
Address: 13773 ICOT BLVD SUITE 502
City-St-Zip: CLEARWATER, FL 33760

Title: PTSD () Delete
Name: CARTWRIGHT, RANDALL
Address: 13773 ICOT BLVD SUITE 502
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GWEN BELT

CD

03/18/2007

Electronic Signature of Signing Officer or Director

Date