2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000059709

1. Entity Name
RIS IMAGING CENTERS, INC.

FILED
08 NOV -4 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2120 LAKELAND HILLS BLVD. LAKELAND, FL 33805	P.O. BOX 90609 LAKELAND, FL 33804-0609

10282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3651630 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRICKS, BRET D D 2120 LAKELAND HILLS BLVD. LAKELAND, FL 33805	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HARRIAGE, ROBERT R M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE D NAME HENRICKS, BRET M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL 33805	☐ Change ☒ Addition
TITLE D NAME ESPOSITO, MICHAEL B M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE D NAME MYRICK, CHARLEY D.O. STREET ADDRESS 2120 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL 33805	☐ Change ☒ Addition
TITLE D NAME PITTMAN, CLINTON C M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE D NAME SCOTT FARGHER M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL 33805	☐ Change ☒ Addition
TITLE D NAME LIMA, MARTHA C M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE D NAME CHRISTIAN SCHMITT M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL 33805	☐ Change ☒ Addition
TITLE D NAME DIETRICH, LARRY M M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE D NAME HUSAM HABBOUB M.D. STREET ADDRESS 2120 LAKELAND HILLS BLVD CITY-ST-ZIP LAKELAND FL 33805	☐ Change ☒ Addition
TITLE D NAME ELMASRI, FAKHIR F STREET ADDRESS 2120 LAKELAND HILLS BLVD. CITY-ST-ZIP LAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

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11/04/08--01043--009 **70.00

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: BRET HENRICKS, MD 10/29/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 863 577-0303