2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBI DOCUMENT

P01000010242

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

30 GREENHAVEN CT.

OLDSMAR FL 34677

1. Entity Name

Principal Place of Business

2. Principal Place of Business

30 GREENHAVEN CT.

OLDSMAR FL 34677

Suite, Apt. #, etc.

GLENN, DEANNA

30 GREENHAVEN CT. OLDSMAR FL 34677

City & State

Zip

ADVANCED RADIOLOGY SERVICES, INC.

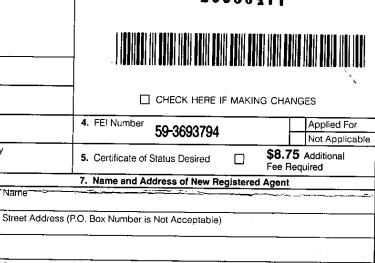
Country



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90491 020 ***150.00

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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

Country

Name

City

SIGNATURE

6. Name and Address of Current Registered Agent

(NOTE: Registered

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME GLENN, DEANNA NAME STREET ADDRESS 30 GREENHAVEN CT. STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 👡 - 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP