2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

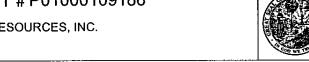
FILED Mar 02, 2004 8:00 am **Secretary of State**

03-02-2004 90023 001 ***150.00

DOCUMENT # P01000109186

1. Entity Name

RADÍOLOGY RESOURCES, INC.



Principal Place of Business

39435 TREELINE DRIVE LADY LAKE, FL 32159

Mailing Address

Mailing Address
39435 TREELINE DRIVE- 1435 SE 73 rd PL
LADY LAKE, FL 32159 Ocala, FL 34480

54014100

352-694-457



DO NOT WRITE IN THIS SPACE

02132004 110 Ong 1	01122001 (10/00)			
4. FEI Number		Applied For		
59-3755964		Not Applicable		
5. Certificate of Status Desired	П	\$8.75 Additional		

-6.-Name and Address of Current Registered Agent.

KIMBEL, TARA 39435 TREELINE DRIVE LADY LAKE, FL 32159

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_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Re	egistered Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	~ —	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBEL, TARA 39435 TREELINE DRIVE LADY LAKE, FL 32159						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE						•	
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP						*	
12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.							